See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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
Suite

City or town, state or province, country, and ZIP or foreign postal code
Lynchburg, VA 24501

D Employer identification number
54-0715569

E Telephone number
(434) 200-4708

G Gross receipts $ 1,369,635,635

F Name and address of principal officer
Lewis Addison
1920 Atherholt Road
Lynchburg, VA 24501

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www 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
Excellent Care - Every Time

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**	24
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 2013 (Part V, line 2a)	**5**	6,307
6	Total number of volunteers (estimate if necessary)	**6**	1,058
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,604,673
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	731,718

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,801,580	3,377,699
9	Program service revenue (Part VIII, line 2g)	593,965,951	605,976,778
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,007,817	41,833,890
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,170,581	3,208,296
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	628,945,929	654,396,663
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	572,960	897,430
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)	330,674,511	341,507,664
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)	244,318,461	254,156,403
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	575,565,932	596,561,497
19	Revenue less expenses Subtract line 18 from line 12	53,379,997	57,835,166

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	801,567,246	854,632,293
21	Total liabilities (Part X, line 26)	390,787,592	329,973,066
22	Net assets or fund balances Subtract line 21 from line 20	410,779,654	524,659,227

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2014-11-04

Lewis C Addison SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARGARET A BRADSHAW				P00501222

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1676 International Drive, McLean, VA 22102 — Phone no (434) 200-4708

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 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 $ 523,170,813 including grants of $ 897,430) (Revenue $ 596,372,105)

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 IN THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR OVER 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** ▶ 523,170,813

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	493		
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	6,307		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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 ☐ Other (explain in Schedule O)

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

20 State the name, 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 or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								12,514,749	246,199	1,084,122

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 ▶ 335

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Medical Associates of Central Virgi, 2215 Landover Place LYNCHBURG VA 24501	Physician Services	9,707,038
Heritage Healthcare, 536 Old Howell Road GREENVILLE SC 29615	Therapy Mgmt Svcs	4,312,786
Virginia Hospital Laundry, 1601 Oliver Hill Way RICHMOND VA 23219	Laundry/Linen Svcs	2,217,624
Pathology Consultants, 1914 Thomson Drive Lynchburg VA 24501	Physician Svcs	1,413,430
Lynchburg Pulmonary Associates, 2011 Tates Springs Road LYNCHBURG VA 24501	Physician Services	1,409,464

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 ▶ 33

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	2,287,484			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,090,215			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,377,699			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621400	572,011,695	562,407,022	9,604,673	
	b	ANCILLARY SERVICES	900099	13,183,168	13,183,168		
	c	TUITION & EDUCATION	611600	15,426,953	15,426,953		
	d	CONTROLLED ENTITIES	900099	1,536,341	1,536,341		
	e	MEANINGFUL USE	900099	3,818,621	3,818,621		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		605,976,778			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,614,674			12,614,674
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	2,408,097				
	b	Less rental expenses	1,894,862				
	c	Rental income or (loss)	513,235 / 0				
	d	Net rental income or (loss) . . . . . ▶		513,235			513,235
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	742,250,292 / 313,034				
	b	Less cost or other basis and sales expenses	713,140,057 / 204,053				
	c	Gain or (loss)	29,110,235 / 108,981				
	d	Net gain or (loss) . . . . . ▶		29,219,216			29,219,216
	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 . . ▶		0			
	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 . . ▶		0			
	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 . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA/VENDING/DIETARY	722210	2,474,849			2,474,849
	b	SUBSIDIARY MGMT FEE	541610	220,212			220,212
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,695,061			
	12	**Total revenue.** See Instructions . . . . . ▶		654,396,663	596,372,105	9,604,673	45,042,186

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	897,430	897,430		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,009,426	5,072,713	3,936,713	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	646,425	136,853	509,572	
7 Other salaries and wages	255,152,429	243,317,455	11,834,974	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,180,040	8,534,758	645,282	
9 Other employee benefits	44,192,981	40,440,014	3,752,967	
10 Payroll taxes	23,326,363	21,686,709	1,639,654	
11 Fees for services (non-employees)				
a Management	1,523,109	1,173,539	349,570	
b Legal	3,375,892	1,458,384	1,917,508	
c Accounting	178,544	30,409	148,135	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,349,883		1,349,883	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,468,878	48,381,817	14,087,061	
12 Advertising and promotion	2,847,401	2,679,034	168,367	
13 Office expenses	29,451,783	28,044,566	1,407,217	
14 Information technology	18,125,258		18,125,258	
15 Royalties . .	0			
16 Occupancy	9,684,449	9,258,080	426,369	
17 Travel	1,560,739	1,496,393	64,346	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,108,397	1,766,893	341,504	
20 Interest	5,230,099	5,230,099		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	35,854,439	23,215,039	12,639,400	
23 Insurance	2,866,977	2,824,565	42,412	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	55,694,430	55,689,938	4,492	
b DRUGS	20,329,931	20,329,931		
c BOND COST AMORTIZATION	1,506,194	1,506,194		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	596,561,497	523,170,813	73,390,684	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		36,625,883	1	24,713,837
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		55,697,323	4	61,346,710
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		711	6	32
	7	Notes and loans receivable, net		144,188	7	144,188
	8	Inventories for sale or use		13,039,209	8	14,163,831
	9	Prepaid expenses and deferred charges		3,951,635	9	5,165,605
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 736,912,919			
	b	Less accumulated depreciation	10b 477,442,301	247,335,926	10c	259,470,618
	11	Investments—publicly traded securities		307,966,129	11	342,976,076
	12	Investments—other securities See Part IV, line 11		117,608,871	12	127,534,611
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		19,197,371	15	19,116,785
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		801,567,246	16	854,632,293
Liabilities	17	Accounts payable and accrued expenses		60,433,237	17	61,716,565
	18	Grants payable		0	18	0
	19	Deferred revenue		957,905	19	896,622
	20	Tax-exempt bond liabilities		211,963,596	20	204,353,893
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		117,432,854	25	63,005,986
	26	**Total liabilities.** Add lines 17 through 25		390,787,592	26	329,973,066
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		359,013,094	27	465,637,364
	28	Temporarily restricted net assets		21,968,182	28	30,143,485
	29	Permanently restricted net assets		29,798,378	29	28,878,378
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		410,779,654	33	524,659,227
	34	Total liabilities and net assets/fund balances		801,567,246	34	854,632,293

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	654,396,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,561,497
3	Revenue less expenses Subtract line 2 from line 1	3	57,835,166
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	410,779,654
5	Net unrealized gains (losses) on investments	5	6,383,350
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-4,629,580
9	Other changes in net assets or fund balances (explain in Schedule O)	9	54,290,637
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	524,659,227

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas W Nygaard MD DIRECTOR	50 0 0 0	X		X				397,632	0	56,033
Kirsten Huber MD Director	2 0 50 0	X						0	246,199	15,075
Kenneth S White Chairman of the Board	2 0 0 0	X		X				0	0	0
Albert M Baker MD Director	2 0 0 0	X						0	0	0
Michael V Bradford Director	2 0 0 0	X						0	0	0
Rev William Coleman Director	2 0 0 0	X						0	0	0
Robert D Cook MD Director	50 0 0 0	X						312,052	0	22,620
Michael Dimmick MD Director	2 0 0 0	X						0	0	0
Julie P Doyle Director	2 0 0 0	X						0	0	0
Rodger W Fauber Director	2 0 0 0	X						0	0	0
Stuart C Fauber Director	2 0 0 0	X						0	0	0
Laura L Hamilton Director	2 0 0 0	X						0	0	0
Sharon L Harrup Director	2 0 0 0	X						0	0	0
Terry H Jamerson Director	2 0 0 0	X						0	0	0
Stephen C Keith EdD Director	2 0 0 0	X						0	0	0
Augustus A Petticolas Jr DDS Director	2 0 0 0	X						0	0	0
Charles W Pryor Jr PhD Director	2 0 0 0	X						0	0	0
Amy G Ray VICE CHAIRMAN OF THE BOARD	2 0 0 0	X		X				0	0	0
Marc A Schewel Director	2 0 0 0	X						0	0	0
Walker P Sydnor Director	2 0 0 0	X						0	0	0
Chris Thomson MD President-Medical Staff	50 0 0 0	X						354,959	0	44,300
J Scott Wade MD Director	2 0 0 0	X						0	0	0
R Sackett Wood Director	2 0 0 0	X						0	0	0
Consuella K Woods Director	2 0 0 0	X						0	0	0
W Michael Bryant PRESIDENT/CEO UNTIL APRIL 2013	50 0 0 0	X		X				1,130,080	0	78,829

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
E W Tibbs President/CEO as of April 2013	50.0 0.0	X		X				572,733	0	155,212
Lewis C Addison Treasurer & Senior VP/CFO	50.0 0.0			X				685,482	0	76,136
David D Adams Secretary/Sr VP & CSO	50.0 0.0			X				405,836	0	88,784
Peter K O'Brien MD Cardiovascular	50.0 0.0				X			615,016	0	46,523
Chad A Hoyt MD MD Cardiovascular	50.0 0.0				X			707,649	0	49,741
James G Warner MD MD Cardiovascular	50.0 0.0				X			444,695	0	23,658
Matthew C Sackett MD MD Cardiovascular	50.0 0.0				X			691,266	0	40,086
Brian Schietinger MD MD Cardiovascular	50.0 0.0				X			612,047	0	28,009
Patti S McCue ScEd Sr VP-Patient Care Svcs	50.0 0.0				X			484,058	0	43,203
David W Frantz MD MD Cardiovascular	50.0 0.0				X			657,875	0	34,166
Mark D Townsend MD MD Cardiovascular	50.0 0.0				X			352,704	0	35,347
Curtis N Baker VP Cardiology & Oncology	50.0 0.0				X			229,804	0	42,463
Carl M Valentine MD MD Cardiovascular	50.0 0.0					X		628,498	0	45,577
Dilantha Ellegala MD MD Neurosurgery	50.0 0.0					X		912,958	0	36,216
Christopher W Lewis MD MD Cardiovascular	50.0 0.0					X		642,948	0	43,138
Justin D Anderson MD MD Cardiovascular	50.0 0.0					X		602,066	0	26,936
Jason M Hackenbracht MD MD Cardiovascular	50.0 0.0					X		583,218	0	33,671
George W Dawson Former Centra CEO & Officer	0.0 0.0						X	161,956	0	0
Thomas C Jividen Former Secretary/Executive VP	0.0 0.0						X	329,217	0	18,399

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

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2013

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, Part V, 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 in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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?	Yes		27,987
j	Total Add lines 1c through 1i			27,987
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	Part II-B, Ln 1(I) ATTENDANCE AT VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION 2013 LEGISLATIVE ISSUES CONFERENCES (REGISTRATION EXPENSES, HOTEL, TRAVEL, & MEALS) $ 803 A PORTION OF THE ORGANIZATION'S HOSPITAL ASSOCIATION DUES FOR 2013 WERE ATTRIBUTABLE TO LOBBYING EXPENSES THIS AMOUNT WAS $ 27,184

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	38,188,253	29,734,229	29,734,229	29,734,229	29,734,229
b	Contributions					
c	Net investment earnings, gains, and losses	5,134,898	293,321	374,984	336,616	324,058
d	Grants or scholarships					
e	Other expenditures for facilities and programs	338,319	293,321	374,984	336,616	324,058
f	Administrative expenses					
g	End of year balance	42,984,832	29,734,229	29,734,229	29,734,229	29,734,229

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

- a Board designated or quasi-endowment ▶ 2 140 %
- b Permanent endowment ▶ 67 030 %
- c Temporarily restricted endowment ▶ 30 830 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,253,753		15,253,753
b Buildings		353,246,866	204,506,318	148,740,548
c Leasehold improvements		17,342,686	10,988,633	6,354,053
d Equipment		334,313,344	261,947,350	72,365,994
e Other		16,756,270		16,756,270
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				259,470,618

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LEVEL 3 INVEST IN REAL ESTATE	21,551,893	F
(B) EQUITY IN AFFLIATES	17,092,978	F
(C) INVESTED CAPITAL-CONTROLLED	88,889,740	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	127,534,611	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ESTIMATED PAYABLES TO 3RD PARTY PAY	11,362,479
PHYSICIAN RECRUITMENT LIABILITY	752,350
CURRENT INSTALLMENTS DUE TO SCH	842,622
ACCRUED INTEREST PAYABLE	144,152
INTEREST RATE SWAP AGREEMENT	14,855,261
PENSION LIABILITY	22,138,122
ESTIMATED LIABILITY FOR UNPAID CLAI	12,911,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	63,005,986

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 1a	CURRENT YEAR BEGINNING BALANCE INCLUDES TEMPORARILY RESTRICTED NET ASSETS NOT REFLECTED IN PRIOR YEAR ENDING BALANCE ENDOWMENT 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
PART X, LINE 2	SCHEDULE D, PART X, LINE 2 CENTRA HEALTH, INC , CENTRA HEALTH FOUNDATION, CCRC, INC , AND SOUTHSIDE COMMUNITY HOSPITAL 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, CENTRA HEALTH INDEMNITY COMPANY LLC, AND CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE LLC, ARE DISREGARDED FOR FEDERAL INCOME TAX PURPOSES AND THEREFORE ARE INCLUDED UNDER CENTRA'S TAX RETURN 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 CENTRA HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2013 CENTRA BELIEVES THEY ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2010

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493311012664

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance 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 report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			20,340,755		20,340,755	3 410 %
b Medicaid (from Worksheet 3, column a)			92,224,054	66,168,668	26,055,386	4 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			112,564,809	66,168,668	46,396,141	7 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			465,480		465,480	0 080 %
f Health professions education (from Worksheet 5)			12,917,253	6,584,898	6,332,355	1 060 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,402,964		1,402,964	0 240 %
j **Total.** Other Benefits			14,785,697	6,584,898	8,200,799	1 380 %
k **Total.** Add lines 7d and 7j			127,350,506	72,753,566	54,596,940	9 160 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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			132		132	
3 Community support			4,191		4,191	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			7,252		7,252	
7 Community health improvement advocacy						
8 Workforce development			9,371		9,371	
9 Other						
10 **Total**			20,946		20,946	

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	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 17,498,543			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	254,366,829
6	Enter Medicare allowable costs of care relating to payments on line 5	6	285,906,186
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-31,539,357
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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 Piedmont Community H	Health Insurance	50 000 %		50 000 %
2 Central Virginia Ima	Imaging Services	50 000 %		50 000 %
3 The Surgery Center o	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—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Lynchburg General HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW CENTRAHEALTH COM			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	**12**	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	☐ Residency			
i	☐ Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	**13**	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The policy was posted on the hospital facility's website			
b	☑ The policy was attached to 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 on admission to the hospital facility			
f	☑ The policy was available upon request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
15	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?	**15**	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Virginia Baptist Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW CENTRAHEALTH COM			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	**12**	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	☐ Residency			
i	☐ Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	**13**	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The policy was posted on the hospital facility's website			
b	☑ The policy was attached to 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 on admission to the hospital facility			
f	☑ The policy was available upon request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
15	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?	**15**	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Centra Specialty Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW CENTRAHEALTH COM			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	**12**	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	☐ Residency			
i	☐ Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	**13**	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The policy was posted on the hospital facility's website			
b	☑ The policy was attached to 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 on admission to the hospital facility			
f	☑ The policy was available upon request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
15	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?	**15**	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**		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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	CENTRA ORGANIZED TWO COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY ADVISORY BOARDS - ONE FOR THE LYNCHBURG REGION AND ONE FOR THE FARMVILLE REGION THESE CHNA COMMUNITY ADVISORY BOARDS WERE COMPRISED OF COMMUNITY LEADERS REPRESENTING EDUCATION, BUSINESS, SOCIAL SERVICE AGENCIES, GOVERNMENT, PUBLIC HEALTH AUTHORITIES, COLLEGES (INCLUDING OUR LOCAL SCHOOL OF PUBLIC HEALTH), OTHER HEALTHCARE PROVIDERS, AND NEIGHBORHOOD CITIZEN ORGANIZATIONS IN AN EFFORT TO OBTAIN AS BROAD-BASED COMMUNITY INPUT AS POSSIBLE PARTICIPANTS INCLUDED ORGANIZATIONS THAT REPRESENT THE NEEDS OF MEDICALLY UNDERSERVED, LOW INCOME, OR MINORITY POPULATIONS THE LIST OF INDIVIDUAL PARTICIPANTS IS LISTED ON THE LAST PAGE OF THE CHNA ASSESSMENT & IMPLEMENTATION PLAN REPORT PART V, SECTION B, LINE 4 THE ORGANIZATION'S CHNA WAS CONDUCTED WITH THE FOLLOWING FACILITIES LYNCHBURG GENERAL HOSPITAL, VIRGINIA BAPTIST HOSPITAL, AND CENTRA SPECIALTY HOSPITAL PART V, SECTION B, LINE 5D HARD COPIES OF THE CHNA ASSESSMENT & IMPLEMENTATION PLAN WERE SENT TO ALL CHNA COMMUNITY ADVISORY BOARD MEMBERS PART V, SECTION B, LINE 7 TWO OF THE TOP TEN COMMUNITY HEALTH INDICATOR NEEDS WERE IDENTIFIED AS NOT FITTING WITHIN OUR PRIORITIZED STRATEGIC PLANS FAMILIES LIVING BELOW THE POVERTY LEVEL AND ACCESS TO HEALTH INSURANCE OUR RATIONALE FOR NOT INCLUDING THESE TWO INDICATORS AS PRIORITIZED NEEDS INCLUDED A SENSE THAT BOTH OF THESE CRITICAL NEEDS WERE HIGHLY COMPLEX IN NATURE AND AFFECTED BY A WIDE VARIETY OF INFLUENCING FACTORS - MANY WELL BEYOND THE CAPABILITY AND RESOURCES AVAILABLE THROUGH CENTRA AND/OR ITS COLLABORATING PARTNERS FURTHERMORE WITH RESPECT TO THE ACCESS TO HEALTH INSURANCE INDICATOR, WE FELT THE FULL IMPLEMENTATION OF THE AFFORDABLE CARE ACT IN CY 2014 WOULD SERVE TO ADDRESS MUCH OF THIS NEED PART V, SECTION B, LINE 19D (POLICY RELATING TO EMERGENCY MEDICAL CARE) FACILITY CENTRA SPECIALITY HOSPITAL CENTRA SPECIALITY HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT DUE TO THE NATURE OF THE HOSPITAL'S SERVICES

Part V Facility Information *(continued)*

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **62**

	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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
Part II	COMMUNITY BUILDING ACTIVITIES 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 DURING 2013, CENTRA COLLABORATED WITH THE CITY OF LYNCHBURG TO ASSIST INDIVIDUALS WITHIN THE COMMUNITY WITH REPAIRS TO THEIR HOME HELPING THOSE IN NEED IS A MAIN FOCUS OF CENTRA, NOT ONLY WITH THEIR HEALTH NEEDS, BUT WITH THE FUNDAMENTAL NEEDS OF INDIVIDUALS WITHIN OUR COMMUNITY AS WELL CENTRA HEALTH, INC IS ALSO A MEMBER OF AND PARTICIPATES IN THE LOCAL BEDFORD CHAMBER OF COMMERCE MEETINGS IN ORDER TO PROVIDE EXPERTISE AND RESOURCES FOR THE HEALTH CARE NEEDS OF THE COMMUNITY CENTRA'S MENTAL HEALTH MARKETING DEPARTMENT PROVIDED AN ETHICS CONFERENCE DURING 2013 TO PROVIDERS WHO NEED IT FOR THEIR LICENSURE THE TOPIC WAS ETHICS OF PRESSING CHARGES CENTRA HEALTH, INC CONTINUES TO REACH OUT TO THE COMMUNITY IN ORDER TO INFORM THE PUBLIC ABOUT THE NUMEROUS HEALTH FAIRS, HEALTH SEMINARS, AND GENERAL INFORMATIONAL SESSIONS OFFERED BY CENTRA THROUGHOUT THE YEAR OUR FAITH-BASED PROGRAMS ARE A CRUCIAL PART OF OUR ATTEMPT TO REACH THE COMMUNITY WE STRIVE TO EDUCATE LOCAL CLERGY AND COMMUNITY LEADERS SO THEY CAN PROMOTE THESE PROGRAMS WITHIN THEIR INDIVIDUAL COMMUNITIES, IN A COLLABORATIVE EFFORT WITH CENTRA FOR EXAMPLE, CENTRA OFFERS "CONGREGATIONAL HEALTH PROMOTER" COURSES WHICH WE ADMINISTER NUMEROUS TIMES DURING THE YEAR THROUGHOUT VARIOUS COMMUNITY CHURCHES THIS COURSE IS GEARED TOWARD ANY CHURCH MEMBER THAT IS INTERESTED AND PROVIDES INFORMATION AND RESOURCES REGARDING CHRONIC ILLNESSES AND HEALTH ISSUES, AND SPECIFIC STRATEGIES TO PROMOTE HEALTH OF OUR LOCAL COMMUNITIES LIVE HEALTHY LYNCHBURG IS THE UMBRELLA GROUP OF COMMUNITY COLLABORATORS WORKING ON COMMUNITY HEALTH INITIATIVES WHICH CENTRA IS A PARTNER OTHER COMMUNITY PARTNERS WITHIN THIS GROUP ARE THE LYNCHBURG HEALTH DEPARTMENT, CHAMBER OF COMMERCE, CITY OF LYNCHBURG, LYNCHBURG CITY SCHOOLS, JOHNSON HEALTH CENTER, PRESBYTERIAN HOMES, ETC ALSO, CENTRA PARTICIPATES IN THE HIPE (HEALTHY PEOPLE THROUGH PREVENTION & EDUCATION COALITION) WHICH FOCUSES ON TOBACCO AND SUBSTANCE ABUSE, CHILDHOOD OBESITY, AND SUPPORTING HEALTH ACTIVITIES FOR YOUTH HIPE IS MADE UP OF COMMUNITY MEMBERS FROM ORGANIZATIONS SUCH AS, HORIZON BEHAVIORAL HEALTH, LYNCHBURG HEALTH DEPT , AREA SOCIAL SERVICES, PARKS AND RECS, CITY SCHOOLS, ETC , AND IS FOCUSED ON LOOKING AT BROADER HEALTH NEEDS IN THE COMMUNITY CENTRA HEALTH, INC PARTICIPITATES 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 THROUGHOUT THE YEAR, WE ALSO VISIT LOCAL ELEMENTARY AND MIDDLE SCHOOLS WITHIN THE COMMUNITY TO INTRODUCE THE YOUTH TO HEALTHCARE CAREERS PART III, SECTION A, LINE 1 ON JANUARY 1, 2012, CENTRA HEALTH, INC AND SUBSIDIARIES ADOPTED ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, WHICH CHANGED CENTRA'S PRESENTATION OF PROVISION FOR DOUBTFUL ACCOUNTS TO A DEDUCTION FROM NET PATIENT SERVICE REVENUE THIS HAS BEEN DISCLOSED IN THE FOOTNOTES OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS THEREFORE, CENTRA HEALTH AND ITS SUBSIDIARIES REPORT BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 PART III, LINE 2 SEE DESCRIPTION FOR PART III, LINE 4
Part III, Line 4	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 THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE ABOUT BAD DEBT "PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR BAD DEBTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, CENTRA ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CENTRA ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND PROVISION FOR CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAS ALREADY PAID, CENTRA RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT SOME PATIENTS ARE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR BAD DEBT " (CENTRA HEALTH, INC FY 2013 AUDIT REPORT, PAGE 14)

Form and Line Reference	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 2013 WAS $31,539,357
Part III, Line 9B	Centra applies uniform collection protocols to all unpaid eligible charges regardless of race, sex, age, disability, national origin or religion Patients known by Centra to qualify for financial assistance are not subject to collection protocols If during collection protocols, or after referral to an outside collection agency, it is discovered patients qualify for financial assistance, all collection activity, including any and all extraordinary collection effort, is immediately stopped Financial assistance for eligible charges is available to all Centra patients who qualify based on established income and asset criteria

Form and Line Reference	Explanation
Part VI, Line 2	NEEDS ASSESSMENT 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 IN 2013 CENTRA COMPLETED THE 2013 - 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN TO MEASURE THE HEALTH NEEDS OF CENTRAL VIRGINIA RESIDENTS SERVED AT CENTRA LYNCHBURG GENERAL HOSPITAL, CENTRA VIRGINIA BAPTIST HOSPITAL AND CENTRA SOUTHSIDE COMMUNITY HOSPITAL THE CENTRA FOUNDATION PROVIDED FUNDING FOR THE DETAILED REPORT, WHICH IDENTIFIES THE HEALTH NEEDS AND PRIORITIES FOR THE COMMUNITIES SERVED BY CENTRA THE ASSESSMENT INCLUDES THE 182,146 PEOPLE LIVING IN THE GREATER LYNCHBURG COMMUNITY, INCLUDING THE CITY OF LYNCHBURG AND BEDFORD, CAMPBELL, AMHERST, APPOMATTOX, AND NELSON COUNTIES IN ADDITION, CENTRA STUDIED THE HEALTH NEEDS OF THE REGION SURROUNDING CENTRA SOUTHSIDE COMMUNITY HOSPITAL, WHICH SERVES PRINCE EDWARD, BUCKINGHAM, LUNENBURG, CUMBERLAND, CHARLOTTE AND NOTTOWAY COUNTIES THE REGION HAS A POPULATION OF 92,106 THE CUMULATIVE REPORT OFFERS A STATISTICALLY RELIABLE SNAPSHOT OF THE COMMUNITY'S HEALTH AND PROVIDES A WEALTH OF INFORMATION TO GUIDE THE CENTRA FOUNDATION IN ITS GRANT FUNDING EFFORTS EXPERTS SAY CLINICAL CARE INFLUENCES ONLY ABOUT 20% OF THE HEALTH OF A COMMUNITY OTHER INFLUENCES INCLUDE SOCIAL AND ENVIRONMENTAL FACTORS SUCH AS EDUCATION, EMPLOYMENT AND INCOME LEVELS (40%), HEALTH STATUS AND BEHAVIORS SUCH AS DIET, SMOKING AND EXERCISE (30%), AND PHYSICAL ENVIRONMENT FACTORS SUCH AS AIR/WATER QUALITY, HOUSING AND ACCESS TO TRANSPORTATION (10%) THROUGH THE CHNA, CENTRA EXAMINED THESE AREAS AND IDENTIFIED OPPORTUNITIES TO MAKE CLINICAL SERVICES MORE RESPONSIVE TO COMMUNITY NEED AND TO COLLABORATE WITH OTHER LIKE MINDED ORGANIZATIONS TO IMPROVE THE OTHER FACTORS THAT AFFECT THE HEALTH OF THE COMMUNITY THE INFORMATION GLEANED CAN SUPPORT THE STRATEGIC PLAN, ENSURE CENTRA'S LONG-RANGE PLANS ARE RESPONSIVE AND HELP GUIDE THE AWARDING OF COMMUNITY GRANTS CENTRA ALSO HAS A COMMUNITY ADVISORY BOARD FROM DIVERSE DEMOGRAPHIC BACKGROUNDS COMPRISED OF REPRESENTATIVES AND LEADERS FROM THE BUSINESS, EDUCATION, GOVERNMENT, SOCIAL SERVICES, RELIGIOUS AND OTHER COMMUNITIES 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 CENTRA'S COMMUNITY EDUCATION COMMITTEE CONSISTS OF OVER 30 COMMUNITY EDUCATORS WHO ARE MAKING CONTINUOUS CONTACTS IN THE 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 IN ADDITION, A CALL CENTER RECEIVES CALLS AND REPORTS TO THE MARKETING DEPARTMENT FOR ADDITIONAL REQUESTS FROM THE COMMUNITY CENTRAHEALTH COM PROVIDES CONSTANT FEEDBACK FROM THE COMMUNITY, WHICH IS ADDRESSED IMMEDIATELY SURVEYS ARE CONDUCTED AT EVERY COMMUNITY EVENT ON WHICH THE COMMUNITY IS ABLE TO OFFER FEEDBACK CENTRA CONTINUES TO CONNECT WITH FAITH-BASED COMMUNITIES THROUGH ITS CONGREGATIONAL HEALTH PROGRAMS CENTRA HELD SEVERAL "CONGREGATIONAL HEALTH PROMOTER" COURSES THROUGHOUT 2013 THESE COURSES WERE GEARED TOWARD ALL FAITH-BASED COMMUNITY MEMBERS IN ORDER TO PROVIDE THEM WITH INFORMATION REGARDING COMMUNITY RESOURCES, CHRONIC ILLNESS, AND SPECIFIC STRATEGIES TO IMPACT THE OVERALL HEALTH OF THE COMMUNITY
Part VI, Line 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE 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, REFERENCES AVAILABILITY OF FINANCIAL ASSISTANCE WITH CONTACT INFORMATION ON WHERE TO OBTAIN MORE INFORMATION

Form and Line Reference	Explanation
Part VI, Line 4	COMMUNITY INFORMATION CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A SERVICE AREA OF 429,771 PEOPLE CENTRA'S PRIMARY SERVICE AREA (PSA) INCLUDES THE CITIES OF LYNCHBURG AND BEDFORD, AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD, CAMPBELL, AND PITTSYLVANIA CENTRA'S SECONDARY SERVICE AREA (SSA) INCLUDES THE COUNTIES OF BUCKINGHAM, CHARLOTTE, HALIFAX, NELSON, AND PRINCE EDWARD THE POPULATION FOR THE TOTAL SERVICE AREA IS 429,771, WITH AN ETHNIC MIX OF 21 7% BLACK AND 75 1% WHITE THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 17% IT IS PROJECTED THAT BY 2018, THIS SAME AGE RANGE OF 65 PLUS WILL ACCOUNT FOR 19% OF THE TOTAL PSA/SSA POPULATION THE AVERAGE HOUSEHOLD INCOME IN THE PSA/SSA IS $43,254 THE CURRENT UNEMPLOYMENT RATE IS APPROXIMATELY 6 7% FOR THIS SERVICE AREA CENTRA PROMOTES THE NECESSITY OF HAVING A CULTURALLY SENSITIVE WORKFORCE AND PROVIDES AN OVERVIEW OF THE POPULATION MIX FOR ORIENTATION OF NEW EMPLOYEES CENTRA HOSTS WORKSHOPS ON CULTURAL COMPETENCE, PROVIDES REFERENCE BOOKS FOR EACH PATIENT CARE AREA AND PROVIDES A LESSON ON CULTURAL DIVERSITY AS PART OF YEARLY MANDATORY EDUCATION THERE ARE ALSO CHAPLAINS AVAILABLE WITH EXPERIENCE AND TRAINING TO SUPPORT CLINICAL STAFF WHO MIGHT HAVE NEEDS WITH CULTURALLY SENSITIVE ISSUES
Part VI, Line 5	PROMOTION OF COMMUNITY HEALTH 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) IN THE LYNCHBURG AND FARMVILLE AREAS 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 PARTICIPATES IN NUMEROUS HEALTH FAIRS AND SCREENINGS THROUGHOUT THE COMMUNITY AT LOCAL EMPLOYERS, COLLEGES, CHURCHES, ETC , IN ORDER TO PROVIDE SCREENINGS AND INFORMATION ON MANY HEALTH ISSUES FOR EXAMPLE, BLOOD PRESSURE/DIABETES/PSA/BLADDER SCREENINGS, ETC ARE PROVIDED TO THOSE WHO WISH TO ATTEND

Form and Line Reference	Explanation
Part VI, Line 6	AFFILIATED HEALTH CARE SYSTEM 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
Rosemary and George Dawson Inn	IN DECEMBER 2012, CENTRA HEALTH OPENED THEIR NEW 20-ROOM ROSEMARY AND GEORGE DAWSON INN, LOCATED IN CLOSE PROXIMITY TO LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AND THE ALAN B PEARSON REGIONAL CANCER CENTER THE INN WAS DESIGNED TO PROVIDE HOME-LIKE LODGING TO PATIENTS AND THEIR FAMILY MEMBERS WHO ARE RECEIVING MEDICAL TREATMENT IN THE LYNCHBURG AREA THE OPERATION OF THE INN ENABLES FAMILY MEMBERS TO BE CLOSE TO THEIR LOVED ONES DURING THEIR STAY AT THE HOSPITAL, LIKELY HELPING IN TREATMENT AND RECOVERY FROM SICKNESS AND INJURY DEMAND FOR MORE COMPLEX SURGERIES AND TREATMENTS CAN REQUIRE LONGER HOSPITAL STAYS AND A NEED TO FIND HOTEL LODGING NEAR LYNCHBURG EARLY SURGICAL CASES MEAN AN EARLY WAKE UP FOR PATIENTS AND FAMILIES SOME PATIENTS WAKE UP BEFORE 4 A M FOR A 6 A M SURGERY LODGING ON CENTRA PROPERTY FOR THE NIGHT BEFORE OR AFTER CAN LESSEN PATIENT ANXIETY AND EXHAUSTION THE DAWSON INN OFFERS FAMILIES A REFUGE AWAY FROM THE CRITICAL CARE FEEL OF THE HOSPITAL WHILE STILL ALLOWING CLOSE PROXIMITY

Additional Data

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

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
1	Mammography Center-Timberlake Timberlake Road Lynchburg, VA 24502	Mammography Center
2	Mammography Center-Tate Springs 1900 Tate Springs Road Suite 1 Lynchburg, VA 24501	Mammography Center
3	Centra Alan B Pearson Cancer Center 1701 Thompson Drive Lynchburg, VA 24501	Mammography Center
4	Centra Lab Phlebotomy Center 1900 Tate Springs Road Suite 9 Lynchburg, VA 24501	Mammography Center
5	Guggenheimer Health & Rehabilitation Ctr 1902 Grace Street Lynchburg, VA 24504	Mammography Center
6	Fairmont Corssing Health & Rehab Center 173 Brockman Park Drive Amherst, VA 24521	Mammography Center
7	Summit Health & Rehabilitation Center 1300 Enterprise Drive Lynchburg, VA 24502	Mammography Center
8	Summit Assisted Living 1320 Enterprise Drive Lynchburg, VA 24502	Mammography Center
9	Centra Hospice-Lynchburg 2097 Langhorne Road Lynchburg, VA 24501	Mammography Center
10	CMG Urology Center-Bedford 1613 Oakwood St Suite 202 Bedford, VA 24523	Mammography Center
11	Centra PACE 407 Federal Street Lynchburg, VA 24504	Mammography Center
12	Piedmont Psychiatric Center 3300 Rivermont Avenue Lynchburg, VA 24503	Mammography Center
13	Bridges Treatment Center 693 Leesville Road Lynchburg, VA 24502	Mammography Center
14	Bridges at Brightwell 1410 Kentmore Farm Rd Madison Heights, VA 24572	Mammography Center
15	Altavista Medical Center 1280A Main Street Altavista, VA 24517	Mammography Center
16	Brookneal Medical Center 104 Carolina Ave PO Box 120 Brookneal, VA 24528	Mammography Center
17	Centra Medical Group - Danville 404 Airport Road Suite C Danville, VA 24540	Mammography Center
18	Gretna Medical Center 1220 West Gretna Road Gretna, VA 24557	Mammography Center
19	Lynchburg Internal Medicine 1901 Thomson Drive Lynchburg, VA 24501	Mammography Center
20	Lynchburg Employee Clinic 901 Church Street Lynchburg, VA 24504	Mammography Center
21	Center for Pain Management 3300 Rivermont Avenue Lynchburg, VA 24503	Mammography Center
22	Wound Care Center 3300 Rivermont Avenue Lynchburg, VA 24503	Mammography Center
23	CMG Urology Center 2542 Langhorne Road Lynchburg, VA 24501	Mammography Center
24	CMG Urology Center-Oak Vassar Office 1330 Oak Lane Suite 203 Lynchburg, VA 24503	Mammography Center
25	CMG Urology Center-Danville 173 Executive Drive Danville, VA 24540	Mammography Center
26	Stroobants Cardiovascular Center-Main Of 2410 Atherholt Road Lynchburg, VA 24501	Mammography Center
27	Medical & Surgical Specialists 173 Executive Drive Danville, VA 24540	Mammography Center
28	Dominion Primary Care 110 Exchange Sreet Suite F Danville, VA 24540	Mammography Center
29	CMG Womens Center 2007 Graves Mill Road Forest, VA 24551	Mammography Center
30	Liberty University Health Services 1971 University Blvd Lynchburg, VA 24502	Mammography Center
31	Jamerson YMCA Rehab Center 801 Wyndhurst Drive Lynchburg, VA 24502	Mammography Center
32	Cardiovascular Surgery 2410 Atherholt Road Lynchburg, VA 24501	Mammography Center
33	Stroobants Cardiovascular Center-Bedford 1613 Oakwood Avenue Bedford, VA 24523	Mammography Center
34	Stroobants Cardiovascular Center-Farmvil 900 West Third Street Farmville, VA 23901	Mammography Center
35	Stroobants Cardiovascular Center-Moneta 1039 Mayberry Crossing Dr Suite C Moneta, VA 24121	Mammography Center
36	Stroobants Cardiovascular Center-Gretna 1220 West Gretna Road Gretna, VA 24557	Mammography Center
37	Stroobants Cardiovascular Center-Danvill 173 Executive Drive Danville, VA 24540	Mammography Center
38	Pathways Treatment Center 3300 Rivermont Avenue Lynchburg, VA 24503	Mammography Center
39	Centra Health Emergency Physicians 1901 Tate Springs Road Lynchburg, VA 24501	Mammography Center
40	Rehab & Geriatric Services 3300 Rivermont Avenue Lynchburg, VA 24503	Mammography Center
41	Breast Imaging Center 3300 Rivermont Avenue Lynchburg, VA 24503	Mammography Center
42	CMG-PrimeCare Main 130 Enterprise Drive Danville, VA 24540	Mammography Center
43	CMG-PrimeCare East 404 Airport Road Suite A Danville, VA 24540	Mammography Center
44	Village North 1613 Oakwood Street Suite 202 Bedford, VA 24523	Mammography Center
45	Centra Hospice House 4413 Boonesboro Road Lynchburg, VA 24503	Mammography Center
46	Rivermont School-Chase City 633 N Main Street Chase City, VA 23924	Mammography Center
47	Rivermont School-Dan River 4058 Franklin Turnpike Danville, VA 24540	Mammography Center
48	Rivermont School-Roanoke 1354 8th Street Roanoke, VA 24015	Mammography Center
49	Rivermont School-Hampton 303 Butler Farm Road Suite 100 Hampton, VA 23666	Mammography Center
50	Rivermont School-Tidewater 5163 Clevelant Street Virginia Beach, VA 23462	Mammography Center
51	Rivermont School-Alleghany Highlands 331 West Main Street Covinging, VA 24426	Mammography Center
52	Rivermont School-Rockbridge 35 Magnolia Square Suite 7 Lexington, VA 24450	Mammography Center
53	Rivermont School-Lynchburg 3024 Forest Hills Circle Lynchburg, VA 24501	Mammography Center
54	Rivermont School-Fredericksburg 30 Pulte Drive Fredericksburg, VA 22406	Mammography Center
55	Rivermont School-Greater Petersburg 12318 Boydton Plank Road Dinwiddie, VA 23841	Mammography Center
56	Neuroscience Center 2025 Tate Springs Road Lynchburg, VA 24501	Mammography Center
57	Neuroscience Center-Farmville 800 Oak Street Farmville, VA 23901	Mammography Center
58	Lynchburg Family Medical Center 2323 Memorial Avenue Suite 10 Lynchburg, VA 24501	Mammography Center
59	CMG-Big Island 10961 Lee Jackson Hwy Big Island, VA 24526	Mammography Center
60	Central Virginia Imaging LLC 113 Nationwide Drive Lynchburg, VA 24502	Mammography Center
61	Surgery Center of Lynchburg LLC 2401 Atherholt Road Lynchburg, VA 24501	Mammography Center
62	Village Practice-Moneta 4830 Rucker Road Moneta, VA 24121	Mammography Center

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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) Amazement Square 27 9th Street Lynchburg,VA 24504	54-1713204	501(c)(3)	10,000		N/A	N/A	Charitable contribution
(2) American Cancer Society 2316 Atherholt Road 108 Lynchburg,VA 24501	58-0659875	501(c)(3)	25,000		N/A	N/A	Charitable Contribution
(3) Virginia Region 2000 Economic Development Council 828 Main Street 12th Floor Lynchburg,VA 24504	54-1859984	501(c)(6)	30,000		N/A	N/A	Charitable Contribution
(4) CVCC Educational Foundation 3506 Wards Road Lynchburg,VA 24502	54-1167908	501(c)(3)	9,000		N/A	N/A	Charitable Contribution
(5) Central Virginia Foundation for Economic Education 2015 Memorial Avenue 12th Floor Lynchburg,VA 24501	54-1255814	501(c)(3)	50,000		N/A	N/A	Charitable Contribution contribution
(6) United Way of Central Virginia 1010 Miller Park Square 12th Floor Lynchburg,VA 24501	54-0505923	501(c)(3)	75,000		N/A	N/A	Charitable contribution
(7) Virginia 10-Miler PO Box 982 Lynchburg,VA 24505	54-1796447	501(c)(3)	10,000		N/A	N/A	Charitable Contribution
(8) Centra Health Foundation 1920 Atherholt Road Lynchburg,VA 24501	54-1604094	501(c)(3)	501,155		N/A	N/A	Charitable contribution
(9) Johnson Health Center 320 Federal Street Lynchburg,VA 24504	54-1287905	501(c)(3)	160,000		N/A	N/A	Rental contribution

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCH I, PART I, LINE 2	THROUGHOUT THE YEAR, GRANT REQUESTS ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL

Additional Data

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
Amazement Square 27 9th Street Lynchburg, VA 24504	54-1713204	501(c)(3)	10,000		N/A	N/A	Charitable contribution

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
American Cancer Society 2316 Atherholt Road 108 Lynchburg,VA 24501	58-0659875	501(c)(3)	25,000		N/A	N/A	Charitable Contribution

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
Virginia Region 2000 Economic Development Council 828 Main Street 12th Floor Lynchburg, VA 24504	54-1859984	501(c)(6)	30,000		N/A	N/A	Charitable Contribution

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
CVCC Educational Foundation 3506 Wards Road Lynchburg,VA 24502	54-1167908	501(c)(3)	9,000		N/A	N/A	Charitable Contribution

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 Foundation for Economic Education 2015 Memorial Avenue 12th Floor Lynchburg,VA 24501	54-1255814	501(c)(3)	50,000		N/A	N/A	Charitable Contribution contribution

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
United Way of Central Virginia 1010 Miller Park Square 12th Floor Lynchburg,VA 24501	54-0505923	501(c)(3)	75,000		N/A	N/A	Charitable contribution

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
Virginia 10-Miler PO Box 982 Lynchburg,VA 24505	54-1796447	501(c)(3)	10,000		N/A	N/A	Charitable Contribution

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Centra Health Foundation 1920 Atherholt Road Lynchburg,VA 24501	54-1604094	501(c)(3)	501,155		N/A	N/A	Charitable contribution

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
Johnson Health Center 320 Federal Street Lynchburg,VA 24504	54-1287905	501(c)(3)	160,000		N/A	N/A	Rental contribution

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Sch J Supp Info	SCHEDULE J, PART I, LINE 4A W MICHAEL BRYANT, FORMER CENTRA HEALTH PRESIDENT & CHIEF EXECUTIVE OFFICER, RECEIVED A SEVERANCE PAYMENT DURING 2013 IN THE AMOUNT OF $464,593, INCLUDED IN HIS TAXABLE INCOME THOMAS C JIVIDEN, FORMER CENTRA HEALTH EXECUTIVE VICE PRESIDENT, RECEIVED A SEVERANCE PAYMENT DURING 2013 IN THE AMOUNT OF $333,333, INCLUDED IN HIS TAXABLE INCOME
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED RETIREMENT PLAN DURING FY 2013 THE AMOUNT WAS INCLUDED IN THEIR W-2 WAGES NAME TITLE AMOUNT OF PAYOUT DAVID ADAMS CHIEF STRATEGY OFFICER NONE LEWIS ADDISON CENTRA SR VP & CFO $218,425 CURTIS BAKER CENTRA VP, CARDIOLOGY & ONCOLOGY NONE W MICHAEL BRYANT FORMER CENTRA PRESIDENT & CEO $237,820 PATTI MCCUE CENTRA SR VP, PATIENT CARE SERVICES $135,846 THOMAS NYGAARD CENTRA SR VP & CMO NONE E W TIBBS CENTRA PRESIDENT & CEO NONE GEORGE DAWSON FORMER CENTRA PRESIDENT & CEO $161,956 THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED RETIREMENT PLAN IN FY 2013 NAME TITLE AMOUNT DEFERRED DAVID ADAMS CHIEF STRATEGY OFFICER $ 59,150 LEWIS ADDISON CENTRA SR VP & CFO $ 46,942 CURTIS BAKER CENTRA VP, CARDIOLOGY & ONCOLOGY $ 24,506 W MICHAEL BRYANT FORMER CENTRA PRESIDENT & CEO $ 50,150 PATTI MCCUE CENTRA SR VP, PATIENT CARE SERVICES $ 29,145 THOMAS NYGAARD CENTRA SR VP & CMO $ 32,602 E W TIBBS CENTRA PRESIDENT & CEO $108,689 GEORGE DAWSON FORMER CENTRA PRESIDENT & CEO NONE

Additional Data

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				
George W Dawson Former Centra CEO & Officer	(I) (II)	0 0	0 0	161,956 0	0 0	0 0	161,956 0	0 0
Thomas W Nygaard MD DIRECTOR	(I) (II)	378,093 0	0 0	19,539 0	40,252 0	15,781 0	453,665 0	0 0
Thomas C Jividen Former Secretary/Executive VP	(I) (II)	0 0	0 0	329,217 0	0 0	18,399 0	347,616 0	0 0
Kirsten Huber MD Director	(I) (II)	0 244,288	0 0	0 1,911	0 7,380	0 7,695	0 261,274	0 0
Robert D Cook MD Director	(I) (II)	243,671 0	40,000 0	28,381 0	7,558 0	15,062 0	334,672 0	0 0
Chris Thomson MD President-Medical Staff	(I) (II)	335,599 0	0 0	19,360 0	7,650 0	36,650 0	399,259 0	0 0
W Michael Bryant PRESIDENT/CEO UNTIL APRIL 2013	(I) (II)	303,200 0	114,675 0	712,205 0	57,650 0	21,179 0	1,208,909 0	237,820 0
E W Tibbs President/CEO as of April 2013	(I) (II)	495,317 0	39,248 0	38,168 0	116,339 0	38,873 0	727,945 0	0 0
Lewis C Addison Treasurer & Senior VP/CFO	(I) (II)	391,103 0	44,110 0	250,269 0	54,592 0	21,544 0	761,618 0	218,425 0
David D Adams Secretary/Sr VP & CSO	(I) (II)	362,391 0	35,200 0	8,245 0	66,800 0	21,984 0	494,620 0	0 0
Carl M Valentine MD MD Cardiovascular	(I) (II)	602,484 0	3,156 0	22,858 0	7,650 0	37,927 0	674,075 0	0 0
Dilantha Ellegala MD MD Neurosurgery	(I) (II)	894,480 0	0 0	18,478 0	7,500 0	28,716 0	949,174 0	0 0
Christopher W Lewis MD MD Cardiovascular	(I) (II)	620,696 0	3,156 0	19,096 0	7,650 0	35,488 0	686,086 0	0 0
Justin D Anderson MD MD Cardiovascular	(I) (II)	582,970 0	0 0	19,096 0	7,650 0	19,286 0	629,002 0	0 0
Jason M Hackenbracht MD MD Cardiovascular	(I) (II)	560,966 0	3,156 0	19,096 0	7,500 0	26,171 0	616,889 0	0 0
Peter K O'Brien MD Cardiovascular	(I) (II)	592,194 0	3,156 0	19,666 0	7,650 0	38,873 0	661,539 0	0 0
Chad A Hoyt MD MD Cardiovascular	(I) (II)	684,827 0	3,156 0	19,666 0	7,650 0	42,091 0	757,390 0	0 0
James G Warner MD MD Cardiovascular	(I) (II)	424,666 0	0 0	20,029 0	7,650 0	16,008 0	468,353 0	0 0
Matthew C Sackett MD MD Cardiovascular	(I) (II)	666,816 0	3,156 0	21,294 0	7,650 0	32,436 0	731,352 0	0 0
Brian Schietinger MD MD Cardiovascular	(I) (II)	592,951 0	0 0	19,096 0	7,650 0	20,359 0	640,056 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				
Patti S McCue ScEd Sr	(I)	284,838	33,429	165,791	36,645	6,558	527,261	135,846
VP-Patient Care Svcs	(II)	0	0	0	0	0	0	0
David W Frantz MD	(I)	613,858	24,242	19,775	7,650	26,516	692,041	0
MD Cardiovascular	(II)	0	0	0	0	0	0	0
Mark D Townsend MD	(I)	337,719	13,725	1,260	7,650	27,697	388,051	0
MD Cardiovascular	(II)	0	0	0	0	0	0	0
Curtis N Baker VP	(I)	214,216	10,368	5,220	31,009	11,454	272,267	0
Cardiology & Oncology	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

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 Devel Auth of City of Lynchburg VA	54-1225193	999999999	12-17-2010	30,000,000	New Construction & Equipment 2010		X		X		X
B	Industrial Devel Auth of County of Campbell VA	52-1309406	999999999	04-27-2007	7,500,000	New Construction County of Campbe		X		X		X
C	INDUSTRIAL DEVEL AUTHO OF THE TOWN OF AMHERST	54-1804155	999999999	06-29-2007	8,000,000	NEW CONSTRUCTION (TOWN OF AMHERST)		X		X		X
D	INDUSTRIAL DEVEL AUTH OF COUNTY OF APPOMATTOX	54-1864523	999999999	11-29-2007	7,500,000	NEW CONSTRUCTION (COUNTY OF APPOMA		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,261,069	1,770,540	1,889,898	1,619,230
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	30,223,487	7,500,000	8,000,000	7,500,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	185,914	50,000	60,000	60,000
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	30,037,573	7,450,000	7,940,000	7,440,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
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 of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
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 %	
6	Total of lines 4 and 5	0 %				0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %				0 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X		X		X
b	Exception to rebate?		X	X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	Branch Banking & Tru		0		0			
c	Term of hedge	7							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part II, Line 3	2004 SERIES B, C, F BONDS - ISSUE PRICE $126,425,000 TOTAL PROCEEDS OF ISSUE INCLUDES INTERST EARNINGS ECONOMIC DEVELOPMENT AUTH OF CITY OF LYNCHBURG, VA BOND - ISSUE PRICE $30,000,000 TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST EARNINGS
PART IV, LINE 2c	CENTRA HEALTH SERIES 2004A AND SERIES B-F BONDS A REBATE CALCULATION WAS PERFORMED ON APRIL 8, 2009 FOR THE INDUSTRIAL AND ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL AUCTION RATE SECURITIES REFUNDING REVENUE BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

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 Devel Auth of City of Lynchburg VA	54-1225193	551245GN7	12-08-2004	126,425,000	2004 B,C,F bonds New CONST / CURRE		X		X		X
B	INDUSTRIAL DEVEL AUTH OF COUNTY OF CAMPBELL VA	54-1225193	551245HA4	09-29-2009	79,850,000	2004 A,D,E bonds CURRENT REFUNDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	44,523,243	5,025,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	129,698,243	78,950,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	10,049,028	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	905,203	0		
8	Credit enhancement from proceeds	3,198,000	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	101,772,759	0		
11	Other spent proceeds	10,500,010	78,950,000		
12	Other unspent proceeds	0	0		
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 of bond-financed property?		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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	Deutsche Bank		0					
c	Term of hedge		30						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b	Name of provider	Citigroup Financial		0					
c	Term of GIC		25						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Mark Addison	FAMILY MEMBER OF	to purchase computer		X	840	32		No		No		No
Total		▶ $				32						

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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
PART IV	BUSINESS TRANSACTIONS (A) Name of Person Lynchburg Pulmonary Associates (B) Relationship Between Interested Person and Organization Board member Albert Baker, MD is partial owner of Lynchburg Pulmonary Associates (C) Amount of Transaction $1,409,464 (D) Description of Transaction Payments for coverage of patients in critical care units rendered to Centra Health, Inc in Lynchburg, VA (E) Sharing of Organization Revenues? No (A) Name of Person Orthopaedic Center of Central Virginia (B) Relationship Between Interested Person and Organization Board member Michael Diminick, MD is shareholder of Orthopaedic Center of Central Virginia (C) Amount of Transaction $528,072 (D) Description of Transaction Payment for medical services rendered to Centra Health, Inc (E) Sharing of Organization Revenues? No (A) Name of Person Medical Associates of Central Virginia (B) Relationship Between Interested Person and Organization Board member Scott Wade, MD is a partial owner of Medical Associates of Central Virginia (C) Amount of Transaction $9,707,038 (D) Description of Transaction Payment for medical services rendered to Centra Health, Inc (E) Sharing of Organization Revenues? No (A) Name of Person Scott Insurance (B) Relationship Between Interested Person and Organization Board member Walker Sydnor serves as President & Chairman of the Board of Scott Insurance (C) Amount of Transaction $1,036,058 (D) Description of Transaction Payment of insurance premiums provided to Centra Health, Inc (E) Sharing of Organization Revenues? No (A) Name of Person PATHOLOGY CONSULTANTS OF CENTRAL VIRGINIA (B) Relationship Between Interested Person and Organization FAMILY MEMBER OF BOARD MEMBER ROBERT COOK, MD IS > 5% OWNER OF PATHOLOGY CONSULTANTS OF CENTRAL VIRGINIA (C) Amount of Transaction $1,413,430 (D) Description of Transaction Payment FOR MEDICAL SERVICES RENDERED to Centra Health, Inc (E) Sharing of Organization Revenues? No (A) Name of Person Mark C Addison (B) Relationship Between Interested Person and Organization Family member of Lewis Addison, Officer of Centra Health, Inc (C) Amount of Transaction $27,431 (D) Description of Transaction Compensation as employee of Centra Health, Inc (E) Sharing of Organization Revenues? No (A) Name of Person Mark A McKinney (B) Relationship Between Interested Person and Organization Family member of E W Tibbs, Officer of Centra Health, Inc (C) Amount of Transaction $109,422 (D) Description of Transaction Compensation as employee of Centra Health, Inc (E) Sharing of Organization Revenues? No

Additional Data

Software ID:
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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**
(1) LYNCHBURG PULMONARY ASSOCIATES	SEE PART V	1,409,464	SEE PART V		No
(2) ORTHOPAEDIC CTR OF CENTRAL VIRGINIA	SEE PART V	528,072	SEE PART V		No
(3) MEDICAL ASSOCIATES OF CENTRAL VA	SEE PART V	9,707,038	SEE PART V		No
(4) SCOTT INSURANCE	SEE PART V	1,036,058	SEE PART V		No
(5) MARK C ADDISON	SEE PART V	27,431	SEE PART V		No
(6) MARK A MCKINNEY	SEE PART V	109,422	SEE PART V		No
(7) PATHOLOGY CONSULTANTS OF CENTRAL VA	SEE PART V	1,413,430	SEE PART V		No

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number

54-0715569

Return Reference	Explanation	
	Form 990, Part III, Line 4a	AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC 'S COMMITMENT TO THE CENTRAL VIRGIN IA 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 L IVES AND ENHANCING HEALTH FOR OVER 25 YEARS, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOL ADES FOR ITS QUALITY OF CARE HOWEVER, JUST AS IMPORTANT IS CENTRA'S COMMITMENT AND DEDICA TION TO SERVING AS A PARTNER IN THE REGIONAL COMMUNITIES DISEASE PREVENTION AND HEALTH ED UCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES THROUGHOUT THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND EDUCATIONAL PROGRAMS, CENTRA IS COMMITTED TO PROV IDING THE BEST HEALTH CARE FOR ITS PATIENTS AND IMPROVING THE HEALTH AND WELLNESS OF ALL T HE RESIDENTS OF CENTRAL VIRGINIA CENTRA'S COMMUNITY EVENTS, OFFERED IN COLLABORATION WITH THE CENTRA HEALTH FOUNDATION AND THE CENTRA MEDICAL STAFF, IS JUST ONE EXAMPLE OF CENTRA' S MANY SERVICES TO THE COMMUNITY IN ADDITION, CENTRA EMPLOYEES DEDICATE THEMSELVES TO IMP ROVING THE HEALTH AND WELLBEING OF THE COMMUNITY BY TAKING AN ACTIVE ROLE IN THE REGION, F ROM VOLUNTEERING FOR LOCAL BOARDS AND CIVIC AND COMMUNITY ORGANIZATIONS TO PARTICIPATING I N COMMUNITY EVENTS AND STAFFING HEALTH AND WELLNESS FAIRS CENTRA IS A MAJOR PARTNER IN TH E HEALTH OF THE REGION AND TAKES GREAT PRIDE IN PROVIDING FACILITIES, RESOURCES AND EXPERT ISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA IN 2013, CEN TRA HELD MANY NATIONAL AWARDS AND ACCOLADES -THE AMERICAN NURSES CREDENTIALING CENTER RE- DESIGNATED CENTRA LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AS MAGNET FACILITIES WH ICH RECOGNIZE EXCELLENCE IN NURSING CENTRA WAS THE FIRST HEALTHCARE SYSTEM IN CENTRAL VIR GINIA TO ACHIEVE MAGNET STATUS IN 2005 -THE CENTRA COLLEGE OF NURSING MAINTAINS THEIR APP ROVAL AND CERTIFICATION OF THE COLLEGE OF NURSING BY THE VIRGINIA BOARD OF NURSING AND IS CERTIFIED TO OPERATE BY THE STATE COUNCIL OF HIGHER EDUCATION AND IS A MEMBER OF THE NATIO NAL ORGANIZATION FOR ASSOCIATE DEGREE IN NURSING -THE LYNCHBURG GENERAL HOSPITAL SCHOOL O F NURSING DIPLOMA PROGRAM HAS MAINTAINED FULL ACCREDITATION FROM THE NATIONAL LEAGUE OF NU RSING ACCREDITATION COUNCIL -CENTRA LYNCHBURG GENERAL, SOUTHSIDE COMMUNITY AND VIRGINIA B APTIST HOSPITALS ARE THREE OF THE TOP 100 MOST WIRED HOSPITALS IN THE COUNTRY ACCORDING TO HOSPITALS & HEALTH NETWORKS MAGAZINE CENTRA HAS ALSO RECEIVED A NATIONAL VIP AWARD FROM MCKESSON TECHNOLOGY SOLUTIONS FOR ITS USE OF INFORMATION TECHNOLOGY TO ACHIEVE OUTSTANDING RESULTS IN HEALTH CARE DELIVERY -CENTRA CANCER CARE SERVICES HAS TWICE EARNED FULL ACCRE DITATION WITH COMMENDATION AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM FROM THE AMERICAN C OLLEGE OF SURGEONS COMMISSION ON CANCER -CENTRA BREAST CANCER SERVICES HAS TWICE EARNED N ATIONAL ACCREDITATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS -CENTRA' S BREAST IMAGING CENTER HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE A MERICAN COLLEGE OF RADIOLOGY (ARC) FOR ITS DEDICATION TO IMPROVING WOMEN'S HEALTH AND FOR BEING FULLY ACCREDITED BY THE ARC IN MAMMOGRAPHY, BIOPSY AND ULTRASOUND -CENTRA HAS BEEN SELECTED SIX TIMES AS A 50 TOP CARDIOVASCULAR HOSPITAL IN AMERICA AND IS ONE OF ONLY THREE HOSPITALS IN VIRGINIA TO RECEIVE THIS NATIONAL HONOR FOR OUTSTANDING CARDIOVASCULAR PERFO RMANCE -CENTRA LYNCHBURG GENERAL HOSPITAL'S CHEST PAIN CENTER MAINTAINS THEIR INTERNATION AL ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS FOR ACHIEVING A HIGH LEVEL OF EXPE RTISE IN CARING FOR PATIENTS WHO ARRIVE WITH SYMPTOMS OF A HEART ATTACK -CENTRA STROOBANT S HEART CENTER HAS BEEN AWARDED THE HIGHEST RATING BY THE SOCIETY OF THORACIC SURGEON FOR QUALITY IN CARDIAC SURGERY CENTRA IS THE ONLY HEALTH CARE SYSTEM IN VIRGINIA TO HAVE RECE IVED A RATING EVERY YEAR SINCE ITS INCEPTION -CENTRA HAS RECEIVED RE-CERTIFICATION FOR IT S TREATMENT OF ACUTE MYOCARDIAL INFARCTION (HEART ATTACK) PATIENTS FROM THE JOINT COMMISSI ON THE NATIONAL CERTIFICATION ONCE AGAIN SHOWS THAT CENTRA EXCEEDS NATIONAL STANDARDS AND GUIDELINES THAT BRING HEART ATTACK CARE EXCELLENCE -CENTRA LYNCHBURG GENERAL HOSPITAL IS A LEVEL II TRAUMA CENTER, OFFERING 24-HOUR, COMPREHENSIVE EMERGENCY CARE AND TRANSPORTATI ON SERVICES, INCLUDING AIR MEDICAL TRANSPORT BY THE STATE-OF-THE-ART HELICOPTER, CENTRA ON E -CENTRA LYNCHBURG GENERAL HOSPITAL HAS AGAIN EARNED THE JOINT COMMISSION'S NATIONAL CER TIFICATE OF DISTINCTION FOR PRIMARY STROKE CENTERS AND WAS THE FIRST HOSPITAL IN CENTRAL, SOUTHSIDE AND WESTERN VIRGINIA TO EARN THIS HONOR IN 2010 -CENTRA LYNCHBURG GENERAL HOSPI TAL HAS RECEIVED THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD WHICH RECOGNIZES THE COMMIT MENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE BY ENSURING THAT STROKE PATIENTS RECEIVE T REATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARD

Return Reference	Explanation	
	Form 990, Part III, Line 4a	S AND RECOMMENDATIONS -THE CENTRA JOINT REPLACEMENT CENTER'S TOTAL HIP AND TOTAL KNEE REP LACEMENT PROGRAMS ARE NATIONALLY CERTIFIED BY THE JOINT COMMISSION -CENTRA'S CENTER FOR W OUND CARE AND HYPERBARIC MEDICINE HAS RECEIVED A THREE-YEAR RE-ACCREDITATION FROM THE UNDE RSEA & HYPERBARIC MEDICAL SOCIETY AND IS ONE OF FIVE ACCREDITED CENTERS IN VIRGINIA -CENT RA'S INTERMEDIATE CARE UNIT NURSING TEAM IS THE FIRST IN VIRGINIA TO RECEIVE THE BEACON AW ARD FOR QUALITY OF CARE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES -CENTRA LYN CHBURG GENERAL HOSPITAL RECEIVED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION'S MAP AWARD F OR HIGH PERFORMANCE IN REVENUE CYCLE AS A NATIONAL AWARD WINNER, CENTRA LYNCHBURG GENERAL HOSPITAL HAS MET STRINGENT EVALUATION CRITERIA ADDRESSING CRITICAL PERFORMANCE FACTORS SU CH AS REVENUE CYCLE PROCESSES, FINANCIAL PERFORMANCE, INNOVATION, ADOPTION OF PATIENT FRIE NDLY BILLING PRINCIPLES, AND PATIENT SATISFACTION -CENTRA LYNCHBURG GENERAL HOSPITAL HAS EARNED NATIONAL RECOGNITION FOR EXCELLENCE IN TREATING PATIENTS WITH A HEART ATTACK THE A CCREDITATION PROGRAM - SPONSORED BY THE AMERICAN HEART ASSOCIATION AND THE SOCIETY OF CHES T PAIN CENTERS - RECOGNIZES CENTERS THAT MEET OR EXCEED QUALITY OF CARE MEASURES FOR PEOPL E EXPERIENCING THE MOST SEVERE TYPE OF HEART ATTACK -CENTRA'S ALAN B PEARSON REGIONAL CA NCER CENTER RECEIVED THE ADVANCED CERTIFICATION FOR PALLIATIVE CARE FROM THE JOINT COMMISS ION PALLIATIVE CARE IS SPECIALIZED MEDICAL CARE FOCUSED ON PROVIDING PATIENTS WITH RELIEF FROM SYMPTOMS, PAIN, AND STRESS OF A SERIOUS ILLNESS - WHATEVER THE DIAGNOSIS THE GOAI I S TO IMPROVE QUALITY OF LIFE FOR BOTH THE PATIENT AND THE FAMILY -CENTRA'S ALAN B PEARSO N REGIONAL CANCER CENTER HAS RECEIVED THE NATIONAL OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER COLLEGE OF SURGEONS CENTRA IS ONE OF A SELECT GROUP OF ONLY 79 U S HEALTH CARE FACILITIES WITH ACCREDITED CANCER PROGRAMS TO RECEIVE THIS NATIONAL HONOR FROM SURVEYS PERFORMED LAST YEAR 2013 COMMUNITY BENEFIT HIGHLIGHTS -CENTRA CONTRIBUTED MORE T HAN $76 MILLION TOWARD UNPAID COST OF PATIENT CARE, INCLUDING, BUT NOT LIMITED TO -TRADIT IONAL CHARITY CARE, WHICH INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE AB ILITY TO PAY DURING 2013, $40,658,632 OF CHARGES AT AN ESTIMATED COST OF $20,340,755 WAS PROVIDED TO PATIENTS OF CENTRA THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY ASSIS TANCE FOCUSES ON INCOME LEVELS SET BY THE STATE OF VIRGINIA THESE POLICIES CALL FOR PROVI DING CARE FREE OF CHARGE TO PATIENTS WHO DEMONSTRATE A FAMILY INCOME BELOW OR EQUAL TO 200 PERCENT OF THE STATE APPROVED POVERTY GUIDELINE PATIENTS WHO HAVE A FAMILY INCOME OF GRE ATER THAN 200 PERCENT TO 400 PERCENT OF THE POVERTY LEVEL ARE ELIGIBLE FOR PARTIAL ASSISTA NCE BASED ON A DISCOUNT SCHEDULE THAT CONSIDERS BOTH FAMILY GROSS INCOME AND ACCOUNT BALAN CE ASSISTANCE IS PROVIDED BY CENTRA AND FROM INDIGENT FUNDS MADE AVAILABLE BY CENTRA HEAL TH FOUNDATION -UNPAID COSTS OF MEDICARE, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICA RE FOR CARE RENDERED TO MEDICARE PATIENTS, AND TOTALED $31,539,357 -UNPAID COSTS OF MEDIC AID, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICAID FOR CARE RENDERED TO MEDICAID PATI ENTS, AND TOTALED $24,585,147 COMMUNITY EDUCATION & HEALTH SCREENINGS CENTRAL VIRGINIANS BENEFIT FROM QUALITY HEALTH EDUCATION OPPORTUNITIES AND SCREENINGS, THANKS TO THE PARTNERS HIP BETWEEN CENTRA AND THE CENTRA HEALTH FOUNDATION INCLUDED BELOW IS A LIST OF SELECTED ACCOMPLISHMENTS AND COMMUNITY SUPPORT CENTRA PROVIDED IN 2013 AS A COMMUNITY PARTNER CENT RA EMPLOYEES CONTINUALLY OFFER PROFESSIONAL HEALTH EDUCATION PROGRAMS, CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THROUGHOUT THE REGION IN ADDITION, DIETITIAN S, DIABETIC INSTRUCTORS AND MANY OTHER PROFESSIONALS AT CENTRA PROVIDE "ONE-ON-ONE" PERSON ALIZED EDUCATION IN 2013, OVER 600 HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MOR E THAN 132,000 PEOPLE KNITTING CLASSES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS RODGER FAUBER AND STUART FAUBER HAVE A FAMILY RELATIONSHIP BOARD MEMBER AUGUSTUS PETTICOLAS, JR, IS OFFICER AND DIRECTOR OF THE BANK OF THE JAMES BOARD MEMBER JULIE DOYLE AND OFFICER LEWIS ADDISON ARE EACH BOARD MEMBERS OF THE BANK OF THE JAMES, LYNCHBURG, VA OFFICERS DAVID ADAMS AND E.W TIBBS ARE DIRECTORS OF HEALTHWORKS, WHICH IS OWNED 50% BY SCOTT INSURANCE, OF WHICH BOARD MEMBER WALKER SYDNOR IS AN OFFICER OF THE BOARD OFFICER LEWIS ADDISION IS BOARD MEMBER OF CENTRAL VIRGINIA IMAGING OFFICER E.W TIBBS SERVES AS OFFICER OF CENTRAL VIRGINIA IMAGING, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS LEWIS ADDISON, DAVID ADAMS, AND BOARD MEMBER CONSUELLA WOODS ARE EACH BOARD MEMBERS OF THE BEDFORD MEMORIAL HOSPITAL, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS DAVID ADAMS AND LEWIS ADDISON ARE BOTH OFFICERS OF THE BOARD OF PIEDMONT COMMUNITY HEALTH PLAN OFFICER E.W TIBBS IS A BOARD MEMBER OF PIEDMONT COMMUNITY HEALTH PLAN BOARD MEMBERS MICHAEL BRADFORD, RODGER FAUBER, AND MARC SCHEWEL ARE EACH BOARD MEMBERS OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS LEWIS ADDISON AND E.W TIBBS ARE BOARD MEMBERS OF THE SURGERY CENTER OF LYNCHBURG, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8A & B	MINUTES ARE TAKEN AT EACH MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CENTRA HAS ESTABLISHED A COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS PLUS THREE ADDITIONAL MEMBERS OF CENTRA'S BOARD OF DIRECTORS ALL FOUR 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 COMPENSATION 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 CONTEMPORANEOUS DOCUMENTATION IS KEPT OF THE COMPENSATION DECISION/DELIBERATION PROCESS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	JOINT VENTURE POLICY - CENTRA HEALTH, INC DID NOT HAVE A FORMAL WRITTEN JOINT VENTURE POLICY RELATING TO MONITORING JOINT VENTURES AT THE CLOSE OF THE 2013 TAX YEAR THE ORGANIZATION IS DEVELOPING A FORMAL POLICY TO BECOME EFFECTIVE IN THE 2014 YEAR FORWARD

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES OTHER 93,117 PURCHASED & CONTRACTED SVCS 41,967,254 PROFESSIONAL FEES 20,408,507 ---------- TOTAL 62,468,878

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN PENSION REPORTING 42,660,385 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 11,906,652 NET ASSETS RELEASED FROM RESTICTIONS TO AFFILIATED ENTITIES (213,363) MINORITY INTEREST (63,037) TOTAL TO FORM 990, PART XI, LINE 9 54,290,637

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Centra Health Indemnity Company LLC 1920 Atherholt Road Lynchburg, VA 24501 27-0927253	Captive Insur	VT	3,541,250	18,815,180	Centra Healt
(2) Centra Health Emergency Physician Servic 1920 Atherholt Road Lynchburg, VA 24501 20-5965653	Emergency Phy	VA	4,064,325	0	Centra Healt
(3) Central Virginia Hospital for Restorativ 1920 Atherholt Road Lynchburg, VA 24501 20-4712023	Healthcare	VA	10,515,794	2,811,179	Centra Healt
(4) Centra Medical Group LLC 1920 Atherholt Road Lynchburg, VA 24501 20-3639329	Physician Svc	VA	49,061,655	17,373,964	Centra Healt

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Southside Community Hospital 800 Oak Street Farmville, VA 23901 54-0555201	Healthcare	VA	501(c)(3)	Line 3	NA	Yes	
(2) CCRC Inc 1920 Atherholt Road Lynchburg, VA 24501 54-1929580	Healthcare	VA	501(c)(3)	Line 11A, I	NA	Yes	
(3) Centra Health Foundation Inc 1920 Atherholt Road Lynchburg, VA 24501 54-1604094	Supporting Or	VA	501(c)(3)	Line 11A, I	NA	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) General Business Concerns Inc 1920 Atherholt Road Lynchburg, VA 24501 54-1299682	Real Estate-Physi	VA	NA	C Corp	708,158	3,078,761	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTRA HEALTH FOUNDATION INC	b	501,155	BOOK VALUE
CENTRA HEALTH FOUNDATION INC	c	2,287,484	BOOK VALUE
CENTRA HEALTH FOUNDATION INC	p	927,019	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL INC	b	235,628	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL INC	d	9,780,895	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL INC	q	1,750,000	BOOK VALUE
CCRC INC	q	100,000	BOOK VALUE
GENERAL BUSINESS CONCERNS INC	k	196,408	BOOK VALUE

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2013

Attachment Sequence No **179**

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

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

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$ 2,600,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	31,713
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	31,713
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				**43**	1,015
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	1,015

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TY 2013 Reasonable Cause Explanation

Name: CENTRA HEALTH INC

EIN: 54-0715569

Explanation: INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidated Financial Statements
and Supplementary Information

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

CENTRA HEALTH, INC AND SUBSIDIARIES

Officers

Walker P Sydnor, Jr	Chairman of the Board
Amy G Ray	Vice-Chairman of the Board
E W Tibbs	President/CEO
David D Adams	Senior Vice President/Secretary
Lewis C Addison	Senior Vice President/Treasurer

Board of Directors

Terms Expiring in 2014

Terry H Jamerson	H C Eschenroeder, Jr MD	Amy G Ray
Augustus A Petticolas, Jr DDS		

Terms Expiring in 2015

Albert M Baker, MD	Michael V Bradford	Sharon L Harrup
Stephen C Keith Ed D	E W Tibbs	

Terms Expiring in 2016

Julie P Doyle	Walker P Sydnor, Jr	Laura L Hamilton
R Sackett Wood	Verna R Sellers, MD	

President of Medical Staff
Chris Thomson, MD

CENTRA HEALTH, INC. AND SUBSIDIARIES

Table of Contents

KPMG LLP
Suite 1010
10 S Jefferson Street
Roanoke, VA 24011-1331

Independent Auditors' Report

The Board of Directors
Centra Health, Inc

We have audited the accompanying consolidated financial statements of Centra Health, Inc and Subsidiaries (Centra), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

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 audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

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, 2013 and 2012, and the results of their operations and their cash flows for the years then ended, in accordance with U S generally accepted accounting principles

Other Matter

As discussed in note 1(s) to the consolidated financial statements, Centra has changed its method of accounting for refundable fees for the year ended December 31, 2013, which was retrospectively applied to January 1, 2012 due to the adoption of Accounting Standards Update No 2012-01, Health Care Entities (Topic 954) *Continuing Care Retirement Communities – Refundable Advance Fees*

KPMG LLP

Roanoke, Virginia
April 14, 2014

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2013 and 2012

Assets		2013	2012 (As Adjusted)
Current assets			
Cash and cash equivalents	$	32,697,840	46,996,922
Patient accounts receivable, net		67,820,417	62,000,014
Estimated receivables from third-party payors		3,633,340	1,763,181
Investments and assets whose use is limited		2,720,597	3,066,104
Inventories		15,536,851	14,362,939
Prepaid expenses and other current assets		14,217,564	12,866,089
Total currents assets		136,626,609	141,055,249
Investments and assets whose use is limited		436,275,401	391,783,073
Property, plant and equipment, net		297,406,915	283,940,226
Investments in joint ventures		17,092,978	14,729,184
Other assets		7,995,837	7,707,709
Total assets	$	895,397,740	839,215,441
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued expenses	$	35,466,835	36,037,907
Employee compensation and benefits		34,493,425	30,630,900
Estimated settlements to third-party payors		12,718,767	17,152,176
Current portion of long-term obligations		10,223,665	8,695,512
Other current liabilities		3,832,398	3,251,802
Total current liabilities		96,735,090	95,768,297
Long-term obligations, net of current portion		211,104,443	221,319,034
Interest rate swap agreements		15,122,589	27,322,431
Retirement obligations		22,138,122	64,531,024
Other long-term liabilities		25,638,269	24,124,581
Total liabilities		370,738,513	433,065,367
Net assets			
Unrestricted		465,637,364	355,303,514
Temporarily restricted		30,143,485	21,968,182
Permanently restricted		28,878,378	28,878,378
Total net assets		524,659,227	406,150,074
Total liabilities and net assets	$	895,397,740	839,215,441

See accompanying notes to consolidated financial statements

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2013 and 2012

	2013	2012 (As Adjusted)
Operating revenues and other support		
Net patient service revenue (net of contractual allowances and discounts)	$ 671,575,087	653,414,435
Provision for bad debts	(43,740,102)	(39,117,292)
Net patient service revenue less provision for bad debts	627,834,985	614,297,143
Outside lab revenue	9,604,673	9,490,632
Foundation revenue and support	1,312,816	1,212,093
Net assets released from restrictions for operations	1,316,818	1,164,785
Other operating revenue	41,995,600	40,484,663
Total operating revenues and other support	682,064,892	666,649,316
Operating expenses		
Salaries and wages	301,844,549	292,357,701
Benefits	83,711,027	79,641,072
Medical supplies and drugs	81,957,078	78,089,137
Professional services	24,591,708	23,107,598
Other purchased services	66,789,223	66,291,414
Other operating expenses	60,269,001	55,578,847
Depreciation and amortization	42,627,244	41,776,088
Interest	5,565,697	5,850,778
Total operating expenses	667,355,527	642,692,635
Net operating income	14,709,365	23,956,681
Nonoperating gains (losses)		
Loss on extinguishment of debt	—	(446,844)
Investment income	33,110,632	23,957,466
Change in value of interest rate swap agreements	12,199,842	407,687
Other	(56,052)	(45,131)
Net nonoperating gains	45,254,422	23,873,178
Excess of revenues and other support over expenses	$ 59,963,787	47,829,859

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2013 and 2012

	2013	2012 (As Adjusted)
Unrestricted net assets		
Excess of revenues and other support over expenses	$ 59,963,787	47,829,859
Net unrealized gains on investments	6,525,649	8,441,934
Change in funded status of defined benefit plan	42,660,385	207,444
Net assets released from restrictions for capital acquisitions	1,184,029	1,820,952
Cumulative effect of change in accounting for refundable fees	—	(4,137,572)
Change in unrestricted net assets	110,333,850	54,162,617
Temporarily restricted net assets		
Gifts and bequests	2,562,674	1,334,332
Net unrealized gains on investments	4,379,436	2,007,780
Net investment income	3,734,040	3,253,655
Net assets released from restrictions	(2,500,847)	(2,985,737)
Change in temporarily restricted net assets	8,175,303	3,610,030
Change in net assets	118,509,153	57,772,647
Net assets at beginning of year	406,150,074	348,377,427
Net assets at end of year	$ 524,659,227	406,150,074

See accompanying notes to consolidated financial statements

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2013 and 2012

	2013	2012 (As Adjusted)
Cash flows from operating activities		
Change in net assets	$ 118,509,153	57,772,647
Adjustments to reconcile changes in net assets to net cash provided by operations		
Depreciation and amortization	42,627,244	41,776,088
Net realized and unrealized gains on investments and assets whose use is limited	(44,192,161)	(36,784,369)
Provision for bad debts	43,740,102	39,117,292
Change in funded status of defined benefit plan	(42,660,385)	(207,444)
Change in fair value of interest rate swap agreement	(12,199,842)	(407,687)
Gains on equity investments in joint ventures	(3,481,290)	(1,686,303)
(Gains) losses on sale of property, buildings and equipment	(118,478)	55,476
Loss on extinguishment of long-term debt	—	446,844
Changes in operating assets and liabilities		
Patient accounts receivable	(49,560,505)	(38,657,046)
Estimated settlements with third-party payors	(6,303,568)	6,446,421
Inventories	(1,173,912)	(341,201)
Prepaid expenses and other current assets	(1,351,475)	(2,053,150)
Other assets	(4,325)	(146,929)
Accounts payable and other accrued expenses	871,786	4,726,398
Employee compensation and benefits	3,862,525	2,723,625
Retirement obligations	267,483	(1,126,273)
Other liabilities	3,313,283	2,908,353
Net cash provided by operating activities	52,145,635	74,562,742
Cash flows from investing activities		
Net change in investments and assets whose use is limited	(164,660)	(20,069,430)
Acquisition of property, buildings and equipment	(57,193,314)	(45,983,840)
Proceeds on sale of property, buildings and equipment	118,478	—
Distributions from joint ventures	1,117,496	2,129,732
Return of investments	210,000	—
Net cash used in investing activities	(55,912,000)	(63,923,538)
Cash flows from financing activities		
Proceeds from issuance of long-term obligations	—	9,455,000
Principal payments on long-term obligations	(8,686,438)	(18,663,536)
Resident refunds	(1,846,279)	(817,131)
Net cash used in financing activities	(10,532,717)	(10,025,667)
Net (decrease) increase in cash and cash equivalents	(14,299,082)	613,537
Cash and cash equivalents at beginning of year	46,996,922	46,383,385
Cash and cash equivalents at end of year	$ 32,697,840	46,996,922

See accompanying notes to consolidated financial statements

(1) Organization and Summary of Significant Accounting Policies

(a) 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

(b) 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 , 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

(c) 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

(d) 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

(e) 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 The portion required for payment of current liabilities is classified as current

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

(f) Perpetual and Charitable Remainder Trusts

The Foundation has entered into several types of agreements with donors under which the Foundation will receive future benefits 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 a trustee 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 Foundation's beneficial interest in trusts is recorded at fair value within assets whose use is limited and other assets

(g) 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 Net cash settlements are included in interest expense

(h) 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 Leasehold improvements are depreciated over the life of the related lease, or the useful life of the asset, whichever is shorter

Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the costs of acquiring those assets Revenue and maintenance is expensed as incurred Gain or losses on disposal of property, plant and equipment are included in other operating revenue

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

(i) Inventories

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

(j) Deferred Financing Costs

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

(k) 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 in other liabilities

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 not amortized

The portion of advance fees subject to refund provisions amounted to approximately $10,203,000 and $10,291,000 at December 31, 2013 and 2012, respectively

(l) Temporarily and Permanently Restricted Net Assets

Net assets are classified based on the existence or absence of donor-imposed restrictions Temporarily restricted net assets are those whose use by Centra has been limited by donors to a specific time period or propose Permanently restricted net assets have been restricted by donors to be maintained by Centra in perpetuity Related income is classified as temporarily restricted until expended

(m) 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 $3,600,000 and $3,500,000 for the years ended December 31, 2013 and 2012, respectively, as a result of changes in estimates associated with settlements and other revisions to prior years for third-party settlement accounts

Centra recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered For uninsured patients who do not qualify for charity care, Centra recognizes revenue on the basis of its discounted rates Uninsured patients receive a 30% discount from billed charges On the basis of historical experience, a portion of the patients will be unable or unwilling to pay for the services provided Thus, Centra records a provision for bad debts/charity related to patient responsibility in the period the services are provided

(n) 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 $23,773,000 and $26,397,000 for 2013 and 2012, 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, 2013 and 2012

	2013	2012
Charges foregone, based on established rates	$ 48,779,895	54,308,949
Equivalent percentage of charity care patients to all patients served	4 1%	4 1%

(o) 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 has complied with the applicable EHR meaningful use requirements 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, Year 2, and Year 3 meaningful use requirements under the Medicare program during 2013 and 2012 and, accordingly, recognized other operating revenues of approximately $3,467,000 and $5,252,000 in the consolidated statements of operations for the years ended December 31, 2013 and 2012, respectively Under the Medicaid program, Centra achieved compliance with the Year 1 and Year 2 meaningful use requirements and, accordingly, recognized other revenues of approximately $2,100,000 and $2,667,000 in the consolidated statements of operations for the year ended December 31, 2013 and 2012, respectively

(p) 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

(q) 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

(r) 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

(s) Recently Issued Accounting Standards

In July 2011, the Financial Accounting Standard Board (FASB) issued Accounting Standards Update (ASU) 2011-07, *Health Care Entities Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* This ASU changed Centra's presentation of provision for doubtful accounts in the consolidated statements of operations and changes in net assets to a deduction from net patient service revenue It also expanded disclosures regarding policies for recognizing revenue, assessing contra revenue line items, and activity in the allowance for doubtful accounts Centra adopted ASU 2011-07 on January 1, 2012

On January 1, 2013, Centra adopted the provisions of Accounting Standards Update No 2012-01, Health Care Entities (Topic 954) *Continuing Care Retirement Communities – Refundable Advance Fees* (ASU No 2012-01) ASU No 2012-01 provides continuing care retirement communities with clarification that Centra should classify an advance fee as deferred revenue when a continuing care retirement community has a resident contract that provides for payment of the refundable advance fee upon reoccupancy by a subsequent resident, which is limited to the proceeds of reoccupancy Refundable advance fees that are contingent upon reoccupancy by a subsequent resident but are not limited to the proceeds of reoccupancy should be accounted for and reported as a liability The adoption of ASU No 2012-01 was accounted for as a change in accounting principle and applied retroactively to January 1, 2012 The retroactive effect of the change increased the refundable entrance fee liability by $7,399,580, reduced deferred revenue – entrance agreements by $3,262,008 and reduced unrestricted net assets by $4,137,572 at January 1, 2012 The impact of the accounting change also resulted in a reduction in amortization of entrance fees of $492,008 for the year ended December 31, 2012 and increased deferred revenue – entrance agreements by $424,849 and increased the refundable entrance fee liability by $4,204,731 at December 31, 2012

(t) Reclassifications

Certain reclassifications have been made to the 2012 consolidated financial statements to place them on a basis comparable with the 2013 consolidated financial statements These reclassifications had no impact on previously reported changes in net assets or net assets

(u) Subsequent Events

Centra evaluated subsequent events for potential recognition and/or disclosure in the December 31, 2013 consolidated financial statements through April 14, 2014, the date the consolidated financial statements were issued

(2) Net Patient Service Revenue

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

	2013	2012
Gross inpatient service charges	$ 717,347,963	726,461,108
Gross outpatient service charges	651,981,416	595,829,118
Charity care	(48,779,895)	(54,308,949)
Total gross patient service revenue	1,320,549,484	1,267,981,277
Deductions from gross patient service revenue		
Contractual adjustments		
Medicare	419,545,109	391,226,145
Medicaid	120,425,340	120,131,435
Anthem	52,349,571	52,047,361
Other	43,641,356	42,638,191
Total contractual adjustments	635,961,376	606,043,132
Policy and administrative adjustments	13,013,021	8,523,710
Total deductions from gross patient service revenue	648,974,397	614,566,842
Net patient service revenue	$ 671,575,087	653,414,435

A summary of the payment arrangements with major third-party payors is as 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 nonacute 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 nonacute 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, 2012

Revenues from Anthem, and the Medicare and Medicaid programs, accounted for approximately 23%, 44% and 12%, respectively, of Centra's net patient service revenue for the year ended December 31, 2013 (23%, 45% and 11%, respectively, for the year ended December 31, 2012)

Patient service revenue, net of contractual allowances and discounts, but before the provision for bad debts, recognized in fiscal year 2013 from these major payor sources is as follows

	2013	Percentage	2012	Percentage
Commercial payors	$ 263,816,679	39 3%	258,877,767	39 6%
Medicare	291,549,609	43 4	293,037,946	44 9
Medicaid	80,894,746	12 0	73,907,454	11 3
Other third-party payors	35,314,053	5 3	27,591,268	4 2
Total	$ 671,575,087	100 0%	653,414,435	100 0%

(3) Patient Accounts Receivable

Patient accounts receivable, net at December 31 consists of the following

	2013	2012
Patient accounts receivable	$ 173,212,808	154,514,954
Less		
Allowance for bad debts	(17,439,011)	(15,662,312)
Allowance for charity	(14,107,367)	(12,877,513)
Allowance for contractual adjustments	(73,846,013)	(63,975,115)
Patient accounts receivable, net	$ 67,820,417	62,000,014

Patient accounts receivable are reduced by an allowance for bad debts In evaluating the collectibility of accounts receivable, Centra analyzes historical collections and write-offs and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for bad debts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for bad debts For receivables associated with services provided to patients who have third-party coverage, Centra analyzes contractually due amounts and provides an allowance for bad debts, allowance for contractual adjustments, provision for bad debts, and provision for contractual adjustments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely For receivables associated with self-pay patients or with balances remaining after the third-party coverage has already paid, Centra records a provision for bad debts in the period of service on the basis of its historical collections, which indicates that some patients are unwilling to pay the portion of their bill for which they are financially responsible The difference between the discounted rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for bad debt

The activity in the allowance for bad debts is as follows

	2013	2012
Beginning balance	$ 15,662,312	20,132,518
Provision for bad debts	43,740,102	39,117,292
Less net write-offs	(41,963,403)	(43,587,498)
Ending balance	$ 17,439,011	15,662,312

Centra's net write-offs decreased approximately $1,624,000 from fiscal year 2012 to fiscal year 2013 This decrease in write-offs was mainly due to improvements in the revenue cycle The Hospital has not changed its charity care or uninsured discount policies during fiscal year 2012 or 2013

(4) 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 2013 or 2012

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

	December 31, 2013			
	Total	**Level 1**	**Level 2**	**Level 3**
Cash and cash equivalents	$ 6,754,100	6,754,100	—	—
Money markets	729,011	729,011	—	—
Common stocks				
Consumer discretionary	412,530	412,530	—	—
Consumer staples	227,688	227,688	—	—
Energy sector	449,622	449,622	—	—
Financials	496,838	496,838	—	—
Health care sector	400,548	400,548	—	—
Industrials	564,019	564,019	—	—
Information technology	617,776	617,776	—	—
Materials	54,541	54,541	—	—
Telecommunication services	127,896	127,896	—	—
Utilities	49,246	49,246	—	—
Real estate	126,499	126,499	—	—
Other	608,457	608,457	—	—
Total common stocks	4,135,660	4,135,660	—	—
Mutual funds				
Domestic equity	12,961,570	12,961,570	—	—
International equity	3,973,336	3,973,336	—	—
Fixed income	2,365,147	2,365,147	—	—
Total mutual funds	19,300,053	19,300,053	—	—
Private pooled investments				
Domestic equity	101,994,649	—	101,994,649	—
International equity	65,145,431	—	65,145,431	—
Fixed income	192,284,567	—	192,284,567	—
Real estate	21,551,893	—	—	21,551,893
Total private pooled investments	380,976,540	—	359,424,647	21,551,893

(Continued)

	December 31, 2013			
	Total	**Level 1**	**Level 2**	**Level 3**
Debt securities				
Corporate bonds	$ 1,336,155	1,336,155	—	—
U.S. treasury obligations	1,846,800	—	1,846,800	—
Government debt obligations	17,952	—	17,952	—
Municipal bonds	10,032	—	10,032	—
Total debt securities	3,210,939	1,336,155	1,874,784	—
Beneficial interest in trusts	23,889,695	—	23,889,695	—
Total	$ 438,995,998	32,254,979	385,189,126	21,551,893
Liabilities				
Interest rate swap agreements	$ 15,122,589	—	15,122,589	—

	December 31, 2012			
	Total	**Level 1**	**Level 2**	**Level 3**
Cash and cash equivalents	$ 12,729,032	12,729,032	—	—
Money markets	3,536,515	3,536,515	—	—
Common stocks				
Consumer discretionary	217,850	217,850	—	—
Consumer staples	157,791	157,791	—	—
Energy sector	362,194	362,194	—	—
Financials	430,438	430,438	—	—
Health care sector	441,616	441,616	—	—
Industrials	251,537	251,537	—	—
Information technology	481,115	481,115	—	—
Materials	92,680	92,680	—	—
Telecommunication services	130,787	130,787	—	—
Utilities	52,191	52,191	—	—
Real estate	126,701	126,701	—	—
Other	530,031	530,031	—	—
Total common stocks	3,274,931	3,274,931	—	—
Mutual funds				
Domestic equity	9,004,351	9,004,351	—	—
International equity	2,606,631	2,606,631	—	—
Fixed income	4,663,159	4,663,159	—	—
Total mutual funds	16,274,141	16,274,141	—	—

(Continued)

	December 31, 2012			
	Total	**Level 1**	**Level 2**	**Level 3**
Private pooled investments				
Domestic equity	$ 89,324,069	—	89,324,069	—
International equity	57,083,270	—	57,083,270	—
Fixed income	167,492,355	—	167,492,355	—
Real estate	19,287,234	—	—	19,287,234
Total private pooled investments	333,186,928	—	313,899,694	19,287,234
Debt securities				
Corporate bonds	1,960,030	1,960,030	—	—
U S treasury obligations	2,192,969	—	2,192,969	—
Government debt obligations	45,917	—	45,917	—
Municipal bonds	10,922	—	10,922	—
Total debt securities	4,209,838	1,960,030	2,249,808	—
Beneficial interest in trusts	21,637,792	—	21,637,792	—
Total	$ 394,849,177	37,774,649	337,787,294	19,287,234
Liabilities				
Interest rate swap agreements	$ 27,322,431	—	27,322,431	—

The following table illustrates the activity of Level 3 assets measured at fair value on a recurring basis for December 31, 2013 and December 31, 2012

	2013	**2012**
Beginning balance	$ 19,287,234	17,666,980
Net unrealized gains	2,264,659	1,620,254
Total	$ 21,551,893	19,287,234

(Continued)

(5) Investments and Assets Whose Use is Limited

Investments and assets whose use is limited at December 31 comprised the following

	2013	2012
Internally designated by the Board of Directors for capital acquisition	$ 347,910,431	309,042,590
Internally designated for self-insurance	16,771,173	14,076,280
Held by trustee under bond indenture agreement	1,846,800	2,192,969
Temporarily restricted by donor	27,973,246	20,076,318
Permanently restricted by donor	28,878,378	28,878,378
Unrestricted – designated as endowment	920,000	920,000
Designated for construction	470	6,551,377
Unrestricted	14,516,986	12,929,399
Other	178,514	181,866
	$ 438,995,998	394,849,177

Investment income at December 31 consists of the following

	2013		
	Unrestricted	Temporarily restricted	Total
Investment income	$ 4,502,872	879,696	5,382,568
Net realized gains	29,988,640	3,298,436	33,287,076
Net unrealized gains	6,525,649	4,379,436	10,905,085
Investment fees	(1,380,880)	(444,092)	(1,824,972)
	$ 39,636,281	8,113,476	47,749,757

	2012		
	Unrestricted	Temporarily restricted	Total
Investment income	$ 1,775,399	672,475	2,447,874
Net realized gains	23,361,703	2,972,952	26,334,655
Net unrealized gains	8,441,934	2,007,780	10,449,714
Investment fees	(1,179,636)	(391,772)	(1,571,408)
	$ 32,399,400	5,261,435	37,660,835

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

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, 2013 and 2012

2013	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	$ 187,164	(1,697)	—	—	187,164	(1,697)

2012	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	$ 83,669	(814)	—	—	83,669	(814)

Unrealized losses on Centra's private pooled investments are related to the current economic conditions prevalent across the United States As of December 31, 2013 and 2012, 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

(6) Property, Buildings and Equipment

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

	2013	2012
Land	$ 16,062,163	12,710,964
Land improvements	15,893,582	15,503,163
Buildings and leasehold improvements	412,695,186	392,642,563
Equipment	369,184,411	338,714,398
	813,835,342	759,571,088
Less accumulated depreciation	534,143,756	493,111,462
	279,691,586	266,459,626
Construction in progress	17,715,329	17,480,600
	$ 297,406,915	283,940,226

Construction in progress primarily consists of various in-house construction projects along with the Gretna Ambulatory Care project, which began in mid 2012 The estimated cost to complete this construction project as of December 31, 2013 is approximately $17,400,000

(7) Long-Term Obligations

Long-term obligations at December 31 consist of the following

	2013	2012
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 comprise 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	$ 159,100,000	161,725,000
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 comprise serial bonds maturing in graduated annual amounts ranging from $1,555,000 in 2007 to $1,800,000 in 2014 and bear interest at various rates, ranging from 4 40% to 5 375%	1,800,000	3,890,000
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	5,729,460	6,034,260
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	6,110,102	6,435,336

(Continued)

	2013	2012
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	$ 5,880,770	6,179,471
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	24,962,418	26,688,788
Notes payable issued in January 2012 by CCRC, Inc to the Industrial Development Authority of the City of Lynchburg, who in turn issued tax-exempt Residential Care Facility Revenue Refunding Bonds (The Summit, Series 2012 Bonds) Interest will be set the first day of each month and ending on the last day of the month Interest is payable on the first of the month and principal on January 1 of each year The bonds are due in full in 2034	9,175,710	9,390,710
Notes payable issued June 2011 by Southside and Centra to the Industrial Development Authority of the Town of Farmville, who in turn issued tax-exempt Hospital Revenue Refunding Bonds (Series 2011 Bonds) and bearing interest at 2 89%	7,583,602	8,426,225
Other notes payable	986,046	1,244,756
Total long-term obligations	221,328,108	230,014,546
Less current portion of long-term obligations	(10,223,665)	(8,695,512)
Total long-term obligations, net of current portion	$ 211,104,443	221,319,034

The Obligated Group at Centra is made up of the following entities Centra Medical Group, LLC, Centra Health Cardiovascular Services, LLC, Centra Health Emergency Services, LLC, Southside Community Hospital, Inc , Centra Southside Professional Services, LLC, Centra Southside Emergency Services LLC, and CCRC, Inc

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, 2017, 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

In January 2012, CCRC issued $9,455,000 in Residential Care Facility Revenue Refunding Bonds (Series 2012) The proceeds of the sale of the 2012 Bonds, along with $720,000 from the Debt Service Reserve Fund, were used to refund the outstanding principal balance of the Series 2002 Bonds A loss of $446,844 was recognized on the refunding The interest rate for the 2013 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 (0 90% as of December 31, 2013)

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, 2013 and 2012, Centra is in compliance with these covenants

Maturities of long-term obligations as of December 31, 2013 are as follows

	Centra Series 1998 Bonds	Centra Series 2004	Local IDA 2007	Local IDA 2010	Capital Lease 2011	CCRC Series 2002 Bonds	Total Southside Hospital	Total
Year								
2014	$ 1.800.000	4.325.000	982.096	1.775.333	248.119	230.000	863.117	10.223.665
2015	—	4.500.000	1.023.289	1.825.685	256.943	240.000	864.599	8.710.516
2016	—	4.700.000	1.066.210	1.877.466	266.082	255.000	866.187	9.030.945
2017	—	5.525.000	1.110.931	1.930.715	—	270.000	867.891	9.704.537
2018	—	5.700.000	1.157.529	1.985.474	—	285.000	869.717	9.997.720
Thereafter	—	134.350.000	12.380.276	15.567.746	—	7.895.710	3.466.993	173.660.725
Balance December 31, 2013	1.800.000	159.100.000	17.720.331	24.962.419	771.144	9.175.710	7.798.504	221.328.108
Less current	(1.800.000)	(4.325.000)	(982.096)	(1.775.333)	(248.119)	(230.000)	(863.117)	(10.223.665)
Long-term portion	$ —	154.775.000	16.738.235	23.187.086	523.025	8.945.710	6.935.387	211.104.443

During the years ended December 31, 2013 and 2012, Centra paid approximately $5.590.000 and $6.180.000, 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	Total
Notional amount – original	$ 52,700,000	39,500,000	39,125,000	30,000,000	9,619,940	—
Notional amount – 12 13	48,900,000	39,475,000	33,150,000	24,962,418	7,583,602	—
Trade date	11 10 04	11 10 04	11 10 04	12 14 10	06 22 11	—
Effective date	12 08 04	12 08 04	12 08 04	12 17 10	06 30 11	—
Termination date	01 01 28	01 01 35	01 01 35	12 17 17	12 15 22	—
Fixed rate	3 00%	3 00%	3 00%	3 00%	3 00%	—
Fair value at December 31, 2011	$ (8,180,288)	(10,851,892)	(6,738,145)	(1,439,527)	(520,266)	(27,730,118)
Change in fair value	13,880	406,255	172,077	(144,273)	(40,252)	407,687
Fair value at December 31, 2012	(8,166,408)	(10,445,637)	(6,566,068)	(1,583,800)	(560,518)	(27,322,431)
Change in fair value	3,327,411	4,976,359	2,982,690	620,192	293,190	12,199,842
Fair value at December 31, 2013	$ (4,838,997)	(5,469,278)	(3,583,378)	(963,608)	(267,328)	(15,122,589)

By using an interest rate swap to limit 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 $15,123,000 and $27,322,000 as a noncurrent liability in the accompanying consolidated balance sheets at December 31, 2013 and 2012, respectively Unrealized gains on derivative instruments were approximately $12,200,000 and $408,000 for the years ended December 31, 2013 and 2012, respectively, and are included with net nonoperating gains 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 $4,500,000 in January 2013

(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 Plan) 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

		2013	2012
Change in benefit obligation			
Projected benefit obligation, beginning of year	$	239,298,139	218,902,770
Interest cost		9,094,451	9,285,855
Actuarial (gain) loss		(30,898,008)	17,013,681
Benefits paid		(6,397,723)	(5,904,167)
Projected benefit obligation, end of year		211,096,859	239,298,139
Change in plan assets			
Fair value of plan assets, beginning of year		174,767,115	153,038,029
Actual return on plan assets		13,589,345	20,033,253
Employer contributions		7,000,000	7,600,000
Benefits paid		(6,397,723)	(5,904,167)
Fair value of plan assets, end of year		188,958,737	174,767,115
Funded status of plan (under-funded)	$	(22,138,122)	(64,531,024)
Reconciliation of accrued pension costs			
Prepaid pension costs	$	11,276,598	10,150,325
Employer contributions		7,000,000	7,600,000
Net periodic pension costs		(7,267,483)	(6,473,727)
Prepaid pension costs, end of year		11,009,115	11,276,598
Amounts recognized as other change in net assets		(33,147,237)	(75,807,622)
Funded status of plan (under-funded)	$	(22,138,122)	(64,531,024)
Components of net periodic benefit cost			
Interest cost	$	9,094,451	9,285,855
Expected return on plan assets		(10,097,505)	(9,943,208)
Amortization of net actuarial loss		8,270,537	7,131,080
Net periodic pension cost	$	7,267,483	6,473,727
Other changes in plan assets and benefit obligations recognized in other changes in net assets			
Net actuarial gain (loss)	$	34,389,848	(6,923,636)
Amortization of net actuarial loss		8,270,537	7,131,080
Total recognized in other changes in net assets	$	42,660,385	207,444

(Continued)

(a) Assumptions

Weighted average assumptions used to determine benefit obligations

	2013	2012
Discount rate	4 75%	3 85%
Expected long-term return on assets	6 00	6 00
Compensation rate increase	N/A	N/A

Weighted average assumptions used to determine net periodic benefit cost

	2013	2012
Discount rate	3 85%	4 30%
Expected long-term return on assets	6 00	6 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

(b) Plan Assets

The asset allocation for Centra's funded retirement plan at December 31, 2013 and 2012, and the target allocation for 2014 by asset category are as follows

	Target allocation	Percentage of plan assets at year end	
	2014	2013	2012
Equity securities	34 0%	33 8%	44 8%
Fixed income securities	60 0	58 8	48 0
Real estate	6 0	7 4	7 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 4, U S 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

(Continued)

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, 2013 and 2012, 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, 2013			
	Total	Level 1	Level 2	Level 3
Common collective trusts				
Equity securities	$ 63,789,753	—	63,789,753	—
Fixed income	110,810,800	—	110,810,800	—
Real estate	14,358,184	—	—	14,358,184
Total	$ 188,958,737	—	174,600,553	14,358,184

	December 31, 2012			
	Total	Level 1	Level 2	Level 3
Common collective trusts				
Equity securities	$ 78,310,477	—	78,310,477	—
Fixed income	83,670,602	—	83,670,602	—
Real estate	12,786,036	—	—	12,786,036
Total	$ 174,767,115	—	161,981,079	12,786,036

A reconciliation of Plan assets held classified as Level 3 follows

	2013	2012
Balance, beginning of year	$ 12,786,036	11,530,910
Net unrealized gains	1,572,148	1,255,126
Balance, end of year	$ 14,358,184	12,786,036

(c) Cash Flows

Centra expects to make contributions of $3,300,000 to the Plan during 2014

Estimated future benefit payments – The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2014	$ 7,512,000
2015	8,160,000
2016	8,891,000
2017	9,675,000
2018 – 2021	59,108,000

(d) Section 403(b) Plan

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 2013 and 2012 were approximately $17,737,000 and $16,257,000, 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 2013 and 2012 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

	2013	2012
Indigent care	$ 1,065,382	961,014
Capital acquisitions	3,815,153	4,501,908
Program services	25,262,950	16,505,260
	$ 30,143,485	21,968,182

Permanently restricted net assets at December 31 are restricted to

	2013	2012
Indigent care	$ 830,012	830,012
Capital acquisitions	1,800,730	1,800,730
Program services	20,971,930	20,907,781
Endowment	5,275,706	5,339,855
	$ 28,878,378	28,878,378

During 2013 and 2012, 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 $2,501,000 and $2,986,000, 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

(a) 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, 2013

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment funds				
Donor-restricted	$ —	13,250,603	28,878,378	42,128,981
Board-designated	920,000	—	—	920,000
Total funds	$ 920,000	13,250,603	28,878,378	43,048,981

(Continued)

Changes in endowment net assets for the year ended December 31, 2013

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets, beginning of year	$ 920,000	8,454,024	28,878,378	38,252,402
Investment returns				
Investment income	—	338,319	—	338,319
Net appropriations	—	4,796,579	—	4,796,579
Appropriation of endowment assets for expenditure	—	(338,319)	—	(338,319)
Endowment net assets, end of year	$ 920,000	13,250,603	28,878,378	43,048,981

Endowment net asset composition by type of fund as of December 31, 2012

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment funds				
Donor-restricted	$ —	8,454,024	28,878,378	37,332,402
Board-designated	920,000	—	—	920,000
Total funds	$ 920,000	8,454,024	28,878,378	38,252,402

Changes in endowment net assets for the year ended December 31, 2012

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets, beginning of year	$ 920,000	5,329,050	28,878,378	35,127,428
Investment returns				
Investment income	—	293,321	—	293,321
Net appropriations	—	3,124,974	—	3,124,974
Appropriation of endowment assets for expenditure	—	(293,321)	—	(293,321)
Endowment net assets, end of year	$ 920,000	8,454,024	28,878,378	38,252,402

(b) 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

(Continued)

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

(c) 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

(d) 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, Centra Health Indemnity Company LLC, and Central Virginia Hospital for Restorative and Rehabilitative Care, LLC are disregarded for federal income tax purposes and therefore are included under Centra's tax return

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

(Continued)

Centra has determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2013 Centra believes they are no longer subject to income tax examinations for years prior to December 31, 2010

(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

	2013	2012
Health care services	$ 590,653,110	572,257,049
General and administrative	76,702,417	70,435,586
	$ 667,355,527	642,692,635

(14) Investments in Joint Ventures

(a) 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, 2013 and 2012, Centra was at risk for approximately $1,500,000 and $1,763,000, 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, 2013 and 2012, PCHP had total net assets of approximately $13,640,000 and $11,279,000, respectively

(b) Central Virginia Imaging, L.L.C.

Central Virginia Imaging, L L C (CVI) is a Virginia nonstock 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, 2013 and 2012, CVI had total net assets of approximately $171,000 and $103,000, respectively

(c) Bedford Memorial Hospital

Bedford Memorial Hospital (Bedford) is a nonprofit, nonstock 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 Clinic (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, 2013 and 2012, Bedford had total net assets of approximately $15,748,000 and $9,555,000, respectively

During 2013, Centra Health, Inc entered into a nonbinding letter of intent to acquire Carilion Clinic's 50% membership interest in Bedford Memorial Hospital for a purchase price of $11 million

(d) 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, 2013 and 2012, the Surgery Center had total net assets of approximately $3,256,000 and $3,134,000, 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

	2013		2012	
	Fair value	Carrying value	Fair value	Carrying value
Long-term obligations	$ 220,548,467	221,328,108	230,255,206	230,014,546

(16) Commitments and Contingencies

(a) Lease Commitments

Total rental expense in 2013 and 2012 for all operating leases and software maintenance agreements was approximately $19,409,000 and $15,279,000, respectively

Future minimum payments for the next five years on operating lease agreements at December 31, 2013 are as follows

2014	$ 2,508,104
2015	1,891,652
2016	1,400,210
2017	1,158,059
2018	971,044
Thereafter	2,862,849
	$ 10,791,918

(Continued)

(b) Compliance

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.

Centra has identified possible overpayments as a result of potential Stark Law noncompliance which generally prohibits a financial relationship between a referring physician and healthcare facilities receiving any such referrals absent specific contractual language. Centra has self-disclosed these possible overpayments to relevant regulatory authorities, and expects to work collaboratively with these authorities to determine what, if any, repayments might be appropriate. Management believes that the ultimate outcome to this matter will not have a material effect on Centra's consolidated financial statements.

(c) Litigation

Centra is subject to various legal proceedings and claims that are inherent to the provision of healthcare services. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on Centra's consolidated financial statements.

(d) 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. This commitment has been fulfilled as of December 31, 2013. In addition, Centra will also provide Southside with funds to make the principal and interest payments on the outstanding Series 2011 Hospital Revenue Refunding Bonds as the payments come due.

(Continued)

(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

	2013	2012
Medicare	39%	38%
Medicaid	15	15
Anthem	11	9
Commercial and managed care	16	15
Patients and other	19	23
Totals	100%	100%

(18) Self Insurance

(a) General Liability and 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, Centra Health Indemnity Company, LLC (CHIC), that operates as an insurance company, whose sole purpose is to provide general, professional and excess liability along with terrorism risk coverage Professional, general, and excess liability risks are primarily insured on a claims-made basis CHIC policy limits are $32,100,000, $52,000,000, and $30,000,000 per occurrence for professional, general, and excess liability, respectively, and $36,000,000, $56,000,000, and 50,000,000 in the aggregate per year for professional, general, and excess liability, respectively Accrued professional liability costs on a discounted basis as of December 31, 2013 and 2012 amounted to $9,630,000 and $8,504,000, respectively, and is included in other long-term liabilities on the consolidated balance sheets

Centra's professional liability insurance coverage is on a claims-made basis with a retroactive coverage date of October 1, 1975. 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. The basic level of coverage limits claims paid to $2,000,000 per occurrence and $6,000,000 in aggregate. Centra has recorded an actuarially determined liability of approximately $4,159,000 and $3,676,000 as of December 31, 2013 and 2012, respectively, for those claims incurred but not yet reported, and is included in other long-term liabilities on the consolidated balance sheets.

Professional liability policies entered into on a claims-made basis must be renewed or replaced with equivalent insurance if claims incurred during their term but asserted after their expiration are to be insured. The estimated liability for professional and general liability claims will be significantly affected if current and future claims differ from historical trends. While management monitors reported claims closely and considers potential outcomes as estimated by its actuaries when determining its professional and liability accruals, the complexity of the claims, the extended period of time to settle the claims, and the wide range of potential outcomes complicate the estimation. In the opinion of management, adequate provision has been made for the related risk.

(b) Employee Health Benefits

Centra is self-insured for employee health benefits. Payments under the plan are limited to $300 per participant per year. The liabilities associated with these claims totaled $3,867,000 and $3,851,000 at December 31, 2013 and 2012, respectively.

(c) Workers' Compensation Insurance

Centra is self-insured for workers' compensation insurance. The liability associated with these claims totaled $618,000 and $702,000 at December 31, 2013 and 2012, respectively.

KPMG LLP
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Independent Auditors' Report on Supplementary Information

The Board of Directors
Centra Health, Inc and Subsidiaries

We have audited the consolidated financial statements of Centra Health, Inc and Subsidiaries as of and for the years ended December 31, 2013 and 2012, and have issued our report thereon dated April 14, 2014, which contained an unmodified opinion on those consolidated financial statements Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying schedules listed under "Supplementary Information" are 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 consolidated financial statements as a whole

KPMG LLP

Roanoke, Virginia
April 14, 2014

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidating Balance Sheet Information

December 31, 2013

Assets	Centra Health	Southside Community Hospital	General Business Concerns	Centra Health Foundation	CCRC	Centra Medical Group	Centra Health Emergency Services	Centra Specialty Hospital	Centra Health Indemnity Company	Eliminations	Consolidated totals
Current assets											
Cash and cash equivalents	$ 16,539,409	6,039,230	692,354	130,203	1,122,216	6,300,431	—	383,915	1,490,082	—	32,697,840
Patient accounts receivable, net	53,433,266	6,473,707	—	—	—	6,557,680	—	1,688,327	—	(332,563)	67,820,417
Es imated settlements from third-party payors	2,800,635	832,705	—	—	—	—	—	—	—	—	3,633,340
Investments and assets whose use is limited	1,846,800	873,797	—	—	—	—	—	—	—	—	2,720,597
Inventories	13,998,611	1,373,020	—	—	—	137,108	—	28,112	—	—	15,536,851
Prepaid expenses and other current assets	10,837,755	1,066,411	158,446	1,187,760	138,452	1,094,981	—	86,980	553,925	(907,146)	14,217,564
Total currents assets	99,456,476	16,658,870	850,800	1,317,963	1,260,668	14,090,200	—	2,187,334	2,044,007	(1,239,709)	136,626,609
Investments and assets whose use is limited	345,909,996	1,244,955	—	64,796,505	7,552,772	—	—	—	16,771,173	—	436,275,401
Property, plant and equipment, net	255,783,292	26,707,977	1,541,309	915	9,686,097	3,063,480	—	623,845	—	—	297,406,915
Investments in joint ventures	17,092,978	—	—	—	—	—	—	—	—	—	17,092,978
Invested capital, controlled entities	104,651,696	—	—	—	—	—	—	—	—	(104,651,696)	—
Due from related parties	11,536,142	6,740,980	73,845	—	—	220,284	—	—	—	(18,571,251)	—
Other assets	9,519,660	82,872	402,807	1,878,649	94,894	—	—	—	—	(3,983,045)	7,995,837
Total other assets	744,493,764	34,776,784	2,017,961	66,676,069	17,333,763	3,283,764	—	623,845	16,771,173	(127,205,992)	758,771,131
Total assets	$ 843,950,240	51,435,654	2,868,761	67,994,032	18,594,431	17,373,964	—	2,811,179	18,815,180	(128,445,701)	895,397,740
Liabilities and Net Assets (Deficit)											
Current liabilities											
Accounts payable and accrued expenses	$ 28,528,944	4,746,398	46,046	19,034	408,576	1,851,687	—	132,739	65,974	(332,563)	35,466,835
Employee compensation and benefits	25,900,434	2,923,175	—	29,100	71,366	5,095,204	—	474,146	—	—	34,493,425
Estimated settlements to third-party payors	11,195,825	1,356,288	—	—	—	(414,341)	—	580,995	—	—	12,718,767
Current portion of long-term obligations	9,973,170	863,117	—	—	230,000	—	—	619,157	—	(1,461,779)	10,223,665
Due from related parties	—	—	—	—	173,749	—	—	1,038,148	354,211	(1,566,108)	—
Other current liabilities	1,793,124	132,173	—	15,000	1,892,101	—	—	—	—	—	3,832,398
Total current liabilities	77,391,497	10,021,151	46,046	63,134	2,775,792	6,532,550	—	2,845,185	420,185	(3,360,450)	96,735,090
Long-term obligations, net of current portion	195,223,345	6,935,388	—	—	8,945,710	—	—	3,363,888	—	(3,363,888)	211,104,443
Interest rate swap agreements	14,855,261	267,328	—	—	—	—	—	—	—	—	15,122,589
Retirement obligations	22,138,122	—	—	—	—	—	—	—	—	—	22,138,122
Other long-term liabilities	9,682,788	11,062,455	—	75,420	11,810,714	461,559	—	—	9,615,000	(17,069,667)	25,638,269
Total liabilities	319,291,013	28,286,322	46,046	138,554	23,532,216	6,994,109	—	6,209,073	10,035,185	(23,794,005)	370,738,513
Net assets (deficit)											
Unrestricted	465,637,364	23,031,815	2,822,715	8,951,132	(4,937,785)	10,379,855	—	(3,397,894)	8,779,995	(45,629,833)	465,637,364
Temporarily restricted	30,143,485	53,368	—	30,090,117	—	—	—	—	—	(30,143,485)	30,143,485
Permanently restricted	28,878,378	64,149	—	28,814,229	—	—	—	—	—	(28,878,378)	28,878,378
Total net assets (deficit)	524,659,227	23,149,332	2,822,715	67,855,478	(4,937,785)	10,379,855	—	(3,397,894)	8,779,995	(104,651,696)	524,659,227
Total liabilities and net assets	$ 843,950,240	51,435,654	2,868,761	67,994,032	18,594,431	17,373,964	—	2,811,179	18,815,180	(128,445,701)	895,397,740

See accompanying independent auditors' report

CENTRA HEALTH, INC. AND SUBSIDIARIES

Consolidating Statements of Operations Information

Year ended December 31, 2013

	Centra Health	Southside Community Hospital	General Business Concerns	Cen ra Health Foundation	CCRC	Centra Medical Group	Centra Health Emergency Services	Centra Specialty Hospital	Centra Health Indemnity Company	Eliminations	Consolidated totals
Unrestricted revenues and other support											
Net patient service revenue (net of contractuals and discounts)	$ 532,229,134	76,407,680	—	—	—	46,890,856	6,290,841	10,579,432	—	(822,856)	671,575,087
Provision for bad debts	(26,366,835)	(10,979,717)	—	—	—	(3,923,762)	(2,399,666)	(70,122)	—	—	(43,740,102)
Net patient service revenue less provision for bad debts	505,862,299	65,427,963	—	—	—	42,967,094	3,891,175	10,509,310	—	(822,856)	627,834,985
Outside lab revenue	9,604,673	—	—	—	—	—	—	—	—	—	9,604,673
Foundation revenue and support	—	—	—	1,312,816	—	—	—	—	—	—	1,312,816
Net assets released from restrictions for operations	1,049,841	—	—	1,316,818	—	53,614	—	—	—	(1,103,455)	1,316,818
Other operating revenue	42,992,450	2,577,300	684,233	—	3,638,583	6,040,947	173,150	6,484	3,541,250	(17,658,797)	41,995,600
Total unrestricted revenues and other support	559,509,263	68,005,263	684,233	2,629,634	3,638,583	49,061,655	4,064,325	10,515,794	3,541,250	(19,585,108)	682,064,892
Expenses											
Salaries and wages	215,415,692	31,759,895	—	469,865	626,865	45,339,740	4,249,986	3,982,506	—	—	301,844,549
Benefits	65,600,904	6,644,361	—	168,607	198,676	9,165,720	674,313	1,258,446	—	—	83,711,027
Medical supplies and drugs	74,233,974	5,932,711	—	—	—	1,543,769	—	935,228	—	(688,604)	81,957,078
Professional services	10,773,453	4,183,201	—	—	—	11,371,520	3,238	—	—	(1,739,704)	24,591,708
Other purchased services	52,016,609	10,035,581	179,593	278,203	1,082,411	10,129,161	452,554	3,285,821	2,228,220	(12,898,930)	66,789,223
Other operating expenses	54,332,570	5,005,105	131,739	716,612	869,030	2,033,123	7,196	312,658	15,382	(3,154,414)	60,269,001
Depreciation and amortization	36,415,214	4,163,916	83,656	270	1,018,769	745,428	—	199,991	—	—	42,627,244
Interest	5,230,098	250,185	—	—	85,413	—	—	258,110	—	(258,109)	5,565,697
Net assets released from restrictions used for operations	—	—	—	1,103,455	—	—	—		—	(1,103,455)	—
Total expenses	514,018,514	67,974,955	394,988	2,737,012	3,881,164	80,328,461	5,387,287	10,232,760	2,243,602	(19,843,216)	667,355,527
Operating income (loss)	45,490,749	30,308	289,245	(107,378)	(242,581)	(31,266,806)	(1,322,962)	283,034	1,297,648	258,108	14,709,365
Nonoperating gains (losses)											
Investment income	30,972,156	320,503	—	—	783,365	—	—	370	1,292,347	(258,109)	33,110,632
Income from controlled entities	(28,012,786)	—	—	—	—	—	—	—	—	28,012,786	—
Change in value of interest rate swap agreements	11,906,652	293,190	—	—	—	—	—	—	—	—	12,199,842
Other	(63,037)	6,985	—	—	—	—	—	—	—	—	(56,052)
Total net nonoperating gains	14,802,985	620,678	—	—	783,365	—	—	370	1,292,347	27,754,677	45,254,422
Excess (deficiency) of unrestricted revenues and other support over expenses	$ 60,293,734	650,986	289,245	(107,378)	540,784	(31,266,806)	(1,322,962)	283,404	2,589,995	28,012,785	59,963,787

See accompanying independent auditors' report