



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



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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.

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

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CENTRA HEALTH FOUNDATION		D Employer identification number 54-1604094
	Doing Business As		E Telephone number (434) 200-4708
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	1920 ATHERHOLT ROAD		
	City or town, state or province, country, and ZIP or foreign postal code LYNCHBURG, VA 24501		G Gross receipts \$ 7,461,721.
F Name and address of principal officer LEWIS C. 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)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶	
J Website. ▶ WWW.FOUNDATION.CENTRAHEALTH.COM			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1991 M State of legal domicile VA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT TO THE CENTRA HEALTHCARE SYSTEM.		
	2 Check this box ☐ 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	17.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7.
	6 Total number of volunteers (estimate if necessary)	6	17.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,789,715.	2,855,391.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,870,965.	4,380,150.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,525.	172,866.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,745,205.	7,408,407.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,209,542.	2,755,189.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	658,203.	638,472.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 180,398.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	310,279.	339,786.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	4,178,024.	3,733,447.
19 Revenue less expenses. Subtract line 18 from line 12	1,567,181.	3,674,960.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	60,214,730.	67,994,032.
	22 Net assets or fund balances. Subtract line 21 from line 20.	396,381.	138,554.
		59,818,349.	67,855,478.

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 <i>Lewis C Addison</i>	Date 11/04/2014
	Type or print name and title <i>Lewis C. Addison, SVPL/CFO</i>	
Paid Preparer Use Only	Print/Type preparer's name MARGARET A. BRADSHAW	Preparer's signature <i>Margaret A. Bradshaw</i>
	Firm's name ▶ KPMG LLP	Date 10/28/14
	Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102	Check ☐ if self-employed PTIN P00501222
	Firm's EIN ▶ 13-5565207	Phone no 703-286-8000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013) **19**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission

ATTACHMENT 1

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 \$ 2,755,189 including grants of \$ 2,755,189) (Revenue \$ 0)

ATTACHMENT 2

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 2,755,189.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
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	X
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	X
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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
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 X	
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 X	
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 X	
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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 X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
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	X
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 X	
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	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23 X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
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 X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 7		
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	X	
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 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		X
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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		X
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 line 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 ☒ X

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 17		
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?	☒ X	
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?		☒ X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒ X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒ X
6 Did the organization have members or stockholders?	☒ X	
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?	☒ X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	☒ X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	☒ X	
b Each committee with authority to act on behalf of the governing body?	☒ X	
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		☒ X

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?		☒ X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	☒ X	
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	☒ X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	☒ X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	☒ X	
13 Did the organization have a written whistleblower policy?	☒ X	
14 Did the organization have a written document retention and destruction policy?	☒ X	
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		☒ X
b Other officers or key employees of the organization		☒ X
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?		☒ X
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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ContractorsCheck 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, and 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			
(1) LEWIS C. ADDISON CENTRA SR VP/CFO	2.00 50.00	X		X				0	685,482.	76,136.
(2) W. MICHAEL BRYANT CENTRA PRESIDENT/CEO THRU 4/22	2.00 50.00	X		X				0	1,130,080.	78,829.
(3) SAMUEL CARDWELL VICE CHAIRMAN	2.00 0	X		X				0	0	0
(4) ROBERT R. CHAPMAN, III BOARD MEMBER	2.00 0	X						0	0	0
(5) MELANIE CHRISTIAN BOARD MEMBER	2.00 0	X						0	0	0
(6) A.C. "BUZZY" COLEMAN BOARD MEMBER	2.00 0	X						0	0	0
(7) THEODORE J. CRADDOCK BOARD MEMBER	2.00 0	X						0	0	0
(8) THOMAS DELANEY, MD BOARD MEMBER	2.00 0	X						0	0	0
(9) MICHAEL DIMINICK, MD BOARD MEMBER	2.00 0	X						0	0	0
(10) MARY JANE DOLAN BOARD MEMBER	2.00 0	X						0	0	0
(11) PAUL F. FITZGERALD, MD BOARD MEMBER	2.00 0	X						0	0	0
(12) ROBERT H. GILLIAM, JR BOARD MEMBER	2.00 0	X						0	0	0
(13) JOHN J. HALPIN, MD BOARD MEMBER	2.00 0	X						0	0	0
(14) JANET HICKMAN, MD BOARD MEMBER	2.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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			
(15) YUILLE HOLT, III BOARD MEMBER	2.00 0	X					0	0	0
(16) GEORGE A. HURT, MD CHAIRMAN	2.00 0	X		X			0	0	0
(17) AUGUSTUS A. PETTICOLAS, JR, DD BOARD MEMBER	2.00 0	X					0	0	0
(18) MARY JANE PRYOR BOARD MEMBER	2.00 0	X					0	0	0
(19) KATHRYN M. PUMPHREY, ED.D. CENTRA EXEC. VP OF FOUNDATION	50.00 0	X		X			296,983.	0	36,830.
(20) ELLIOT S. SCHEWEL BOARD MEMBER	2.00 0	X					0	0	0
(21) JOHN H. SORRELLS, III BOARD MEMBER	2.00 0	X					0	0	0
(22) E.W. TIBBS CENTRA PRESIDENT & CEO	2.00 50.00	X		X			0	572,733.	155,212.
(23) MARK D. TOWNSEND, MD BOARD MEMBER	2.00 50.00	X					0	352,704.	35,347.
(24) KENNETH S. WHITE BOARD MEMBER	2.00 0	X					0	0	0
(25) GEORGE W. DAWSON FORMER CENTRA PRESIDENT/CEO	2.00 50.00					X	0	161,956.	0
1b Sub-total							0	1,815,562.	154,965.
c Total from continuation sheets to Part VII, Section A							296,983.	1,087,393.	227,389.
d Total (add lines 1b and 1c)							296,983.	2,902,955.	382,354.

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 **1**

	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	X	
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	X	
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		X

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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of RevenueCheck 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	501,155			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,354,236			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,855,391			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,528,942			1,528,942
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory		31,290,180			
	b	Less cost or other basis and sales expenses		28,438,972			
	c	Gain or (loss)		2,851,208			
	d	Net gain or (loss)		2,851,208			2,851,208
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		226,180			
	b	Less direct expenses		53,314			
	c	Net income or (loss) from fundraising events		172,866			172,866
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		7,408,407			4,553,016	

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	2,732,189.	2,732,189.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	23,000.	23,000.		
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	333,813.		333,813.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	136,052.		73,468.	62,584.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	168,607.		126,455.	42,152.
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	32,496.		24,372.	8,124.
b Legal	0			
c Accounting	20,976.		20,976.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees	0			
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,378.		137,018.	42,360.
12 Advertising and promotion	1,020.		765.	255.
13 Office expenses	92,130.		70,653.	21,477.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,898.		1,423.	475.
17 Travel	3,997.		2,998.	999.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,621.		5,716.	1,905.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	270.		203.	67.
23 Insurance	0			
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,733,447.	2,755,189.	797,860.	180,398.
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)	0			

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	3,754,146.	1	4,322,204.
	2 Savings and temporary cash investments	735,189.	2	788,696.
	3 Pledges and grants receivable, net	2,107,381.	3	2,157,671.
	4 Accounts receivable, net	6,396.	4	5,700.
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	910,215.		
	10b Less: accumulated depreciation	6,262.		
		904,223.	10c	903,953.
	11 Investments - publicly traded securities	31,069,603.	11	35,926,113.
	12 Investments - other securities. See Part IV, line 11	21,637,792.	12	23,889,695.
	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	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,214,730.	16	67,994,032.	
Liabilities	17 Accounts payable and accrued expenses	48,981.	17	48,134.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	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	347,400.	25	90,420.
	26 Total liabilities. Add lines 17 through 25	396,381.	26	138,554.
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	8,148,902.	27	8,031,132.
	28 Temporarily restricted net assets	21,935,218.	28	30,090,117.
	29 Permanently restricted net assets	29,734,229.	29	29,734,229.
	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	59,818,349.	33	67,855,478.
34 Total liabilities and net assets/fund balances	60,214,730.	34	67,994,032.	

Part XI Reconciliation of Net AssetsCheck 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	7,408,407.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,733,447.
3	Revenue less expenses Subtract line 2 from line 1	3	3,674,960.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,818,349.
5	Net unrealized gains (losses) on investments	5	4,362,169.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,855,478.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ 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 FOUNDATION

Employer identification number

54-1604094

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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									2,287,484.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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 section 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 from 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 section 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).SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONSATTACHMENT 1

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
CENTRA HEALTH, INC	54-0715569	03		X	X		X		2,287,484
TOTAL AMOUNT OF SUPPORT									<u>2,287,484</u>

**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.

▶ 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 FOUNDATION

Employer identification number

54-1604094

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 Tax 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 ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

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	(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 ▶ 2.1400 %
b Permanent endowment ▶ 67.0300 %
c Temporarily restricted endowment ▶ 30.8300 %

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:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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	903,038.			903,038.
b Buildings				
c Leasehold improvements				
d Equipment		7,177.	6,262.	915.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				903,953.

Schedule D (Form 990) 2013

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) BENEFICIAL INTEREST IN		
(B) CHARITABLE REMAINDER AND		
(C) PERPETUAL TRUSTS	23,889,695.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	23,889,695.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) DEFERRED ANNUITY PAYMENTS	68,555.
(3) DUE TO AFFILIATED ENTITY	21,865.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	90,420.

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	11,823,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,362,169.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	53,314.
e	Add lines 2a through 2d	2e	4,415,483.
3	Subtract line 2e from line 1	3	7,408,407.
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	7,408,407.

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	3,786,761.
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	53,314.
e	Add lines 2a through 2d	2e	53,314.
3	Subtract line 2e from line 1	3	3,733,447.
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	3,733,447.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 1A

CURRENT YEAR BEGINNING BALANCE INCLUDES TEMPORARILY RESTRICTED NET ASSETS
NOT REFLECTED IN PRIOR YEAR ENDING BALANCE.

PART V, LINE 4

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 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 2.6% 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
4.4% 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 XIII Supplemental Information (continued)

PART X, LINE 2

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(A)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2013. THE FOUNDATION BELIEVES THEY ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2010.

PART XI, LINE 2D

SPECIAL EVENT EXPENSE	\$53,314
-----------------------	----------

PART XII, LINE 2D

SPECIAL EVENT EXPENSE	\$53,314
-----------------------	----------

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 LOVE OF CHILDRE (event type)	(b) Event #2 NIGHT OF HOPE (event type)	(c) Other events 7. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	42,616.	33,357.	150,207.	226,180.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2).	42,616.	33,357.	150,207.	226,180.
Direct Expenses	4 Cash prizes			1,300.	1,300.
	5 Noncash prizes	9,050.		5,069.	14,119.
	6 Rent/facility costs	2,500.		6,417.	8,917.
	7 Food and beverages	10,010.	2,400.	7,175.	19,585.
	8 Entertainment	500.	1,200.		1,700.
	9 Other direct expenses	1,100.	1,524.	5,069.	7,693.
	10 Direct expense summary Add lines 4 through 9 in column (d)				53,314.
	11 Net income summary Subtract line 10 from line 3, column (d)				172,866.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in.
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) REBUILDING TOGETHER LYNCHBURG 926 COMMERCE STREET LYNCHBURG, VA 24504	54-1976958	501 (C) (3)	22,000		N/A		FIX IT TO STAY PROGRAM
(2) AMAZEMENT SQUARE 27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501 (C) (3)	50,000		N/A		HEALTH EXHIBIT
(3) RX DRUG PARTNERSHIP 2924 EMERYWOOD PARKWAY RICHMOND, VA 23294	57-1186937	501 (C) (3)	10,000		N/A		FREE PRESCRIPTION MEDICATIONS
(4) BEACON OF HOPE PO BOX 1261 LYNCHBURG, VA 24504	45-3797831	501 (C) (3)	25,000		N/A		SOCIAL/ECONOMIC FACTOR IMPACTING
(5) BEDFORD RIDE 1613 OAKWOOD STREET BEDFORD, VA 24523	51-0189604	501 (C) (3)	20,000		N/A		ACCESS TO CARE
(6) CASA OF CENTRAL VIRGINIA PO BOX 11373 LYNCHBURG, VA 24506	54-1695593	501 (C) (3)	6,000		N/A		CHILDREN'S ACCESS TO CARE (CHILD ABUSE RA
(7) CENTRA MEDICAL GROUP (CMG) 2010 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-0715569	501 (C) (3)	49,101		N/A		CHILDREN/ADULT OBESITY
(8) CENTRA HEALTH, INC. 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-0715569	501 (C) (3)	2,287,484		N/A		COMMUNITY HEALTH ASSESSMENT
(9) HARVEST OUTREACH CENTER PO BOX 73 NARUNA, VA 24576	20-1927928	501 (C) (3)	6,737		N/A		MENTAL HEALTH ISSUES & ACCESS
(10) CVCC EDUCATIONAL FOUNDATION 3506 WARDS ROAD LYNCHBURG, VA 24502	54-1167908	501 (C) (3)	28,500		N/A		ADVANCED & PEDIATRIC LIFE SUPP TRAINING
(11) LYH COMMUNITY ACTION GROUP 926 COMMERCE STREET LYNCHBURG, VA 24504	54-0797340	501 (C) (3)	11,300		N/A		SOCIAL/ECONOMIC FACT IMPACT ON HEALTH
(12) YMCA OF CENTRAL VIRGINIA 801 WYNDHURST DRIVE LYNCHBURG, VA 24502	54-0505924	501 (C) (3)	9,900		N/A		MOBILE HEALTH & EXERCISE PROGRAMS

2 Enter total number of other organizations listed in the line 1 table

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

JSA

3E1288 1 000

7904ER 2502

V 13-5.5T

2875394

PAGE 37

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LYNCHBURG REGIONAL CHAMBER OF COMMERCE 2015 MEMORIAL AVENUE, LYNCHBURG, VA 24501	54-0165020	501 (C) (6)	13,800.		N/A	N/A	LIVE HEALTHY LYNCHBURG PROGRAM
(2) CLEANING FOR THE WORLD 7539 STAGE ROAD CONCORD, VA 24538	54-1930105	501 (C) (3)	20,000		N/A	N/A	HELPING FAMILIES LIVING BELOW POVERTY
(3) LYNCHBURG LITERACY COUNCIL 926 COMMERCE STREET LYNCHBURG, VA 24504	54-1345188	501 (C) (3)	12,000		N/A	N/A	SOCIAL/ECONOMIC FACT IMPACT ON HEALTH
(4) SOUTHSIDE CENTER FOR VIOLENCE PO BOX 487 BLACKSTONE, VA 23824	54-1920837	501 (C) (3)	31,250		N/A	N/A	DOMESTIC VIOLENCE MENTAL HEALTH
(5) SMART BEGINNINGS FAMILY SUPPORT PO BOX 10008 LYNCHBURG, VA 24506	54-0505923	501 (C) (3)	14,200		N/A	N/A	SOCIAL/ECONOMIC FACT IMPACT ON HEALTH
(6) LYNCHBURG GROWS PO BOX 12039 LYNCHBURG, VA 24506	20-0934133	501 (C) (3)	17,000		N/A	N/A	ACCESS TO FOOD/ HEALTHY LIFESTYLE
(7) HEART OF VA FREE CLINIC 201 N MAIN STREET FARMVILLE, VA 23901	54-1420756	501 (C) (3)	26,633		N/A	N/A	STOCK MEDICATIONS
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18.
- 3 Enter total number of other organizations listed in the line 1 table 1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

JSA

3E1288 1 000

7904ER 2502

V 13-5.5T

2875394

PAGE 38

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

1	(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	NURSING AWARDS	9	2,250		N/A	N/A
2	HGH SCHOOL OF NURSING SCHOLARSHIPS	3	3,000		N/A	N/A
3	CENTRA COLLEGE OF NURSING	15	17,750		N/A	N/A
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCH I, PART I, LN 2

GRANT APPLICATION GUIDELINES

I. CENTRA COMMUNITY HEALTH INITIATIVE FUND:

THE CENTRA COMMUNITY HEALTH INITIATIVE FUND IS A SPECIFIC PURPOSE FUND ESTABLISHED AND FUNDED BY CENTRA HEALTH AND ADMINISTERED BY THE CENTRA HEALTH FOUNDATION. THIS FUND SUPPORTS COMMUNITY HEALTH-RELATED PROJECTS AND PROGRAMS ON A PRO-ACTIVE BASIS.

II. DEFINITION OF HEALTH RELATED

HEALTH IS THE STATE OR CONDITION OF THE HUMAN BODY AND MIND. HEALTH RELATED PROGRAMS, PROJECTS, AND ACTIVITIES ARE THOSE THAT SEEK TO

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ENCOURAGE OR PROMOTE GOOD HEALTH THROUGH ACCESS, EDUCATION, PREVENTION, AND TREATMENT.

III. GRANT PROCEDURES:

ALL REQUESTS TO GRANT FUNDS FOR A SPECIFIC PROJECT OR PROGRAM FROM THE CENTRA COMMUNITY HEALTH INITIATIVE FUND SHOULD BE SENT TO THE EXECUTIVE VICE PRESIDENT OF THE CENTRA HEALTH FOUNDATION, 1920 ATHERHOLT ROAD, LYNCHBURG, VIRGINIA, 24501.

IV. REVIEW OF GRANT PROPOSALS:

ALL GRANT PROPOSALS SUBMITTED FOR FUNDING FROM THE CENTRA HEALTH COMMUNITY INITIATIVE FUND WILL BE RECEIVED BY THE CENTRA HEALTH

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOUNDATION TO BE REVIEWED BY ITS GRANTS COMMITTEE TWICE A YEAR. IN ORDER

TO RECEIVE CONSIDERATION, PROPOSALS SHOULD BE SUBMITTED BY THE FOLLOWING

DEADLINES:

MARCH 1 SEPTEMBER 1

V. COMMUNITY HEALTH NEEDS ASSESSMENT

AS PART OF A PROCESS TO EVALUATE THE HEALTH CARE NEEDS IN OUR COMMUNITY,

THE CENTRA HEALTH FOUNDATION SUPPORTS A COMMUNITY HEALTH NEEDS

ASSESSMENT, PERFORMED BY CENTRA HEALTH, EVERY THREE YEARS. PRIORITY WILL

BE GIVEN TO HOW THE PROJECT'S ESTABLISHED GOALS AND OBJECTIVES RELATE TO

COMMUNITY HEALTH PROBLEMS AND ISSUES OUTLINED BY CENTRA HEALTH'S

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COMMUNITY HEALTH ASSESSMENT. INFORMATION ON THE MOST RECENT HEALTH

ASSESSMENT CAN BE OBTAINED BY CONTACTING THE EXECUTIVE VICE PRESIDENT OF

THE CENTRA HEALTH FOUNDATION AT 434-200-4790.

VI. RESTRICTIONS:

THE FOLLOWING ARE GRANT TYPE REQUESTS WHICH DO NOT MEET THE FUND'S

ESTABLISHED CRITERIA. AS A RULE, THE CENTRA HEALTH COMMUNITY INITIATIVE

FUND WILL NOT PROVIDE FUNDS:

1. TO INDIVIDUALS

2. TO INSTITUTIONS OR ORGANIZATIONS WHICH DO NOT QUALIFY AS TAX

EXEMPT BY THE INTERNAL REVENUE SERVICE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

3. TO ENDOWMENT CAMPAIGNS

4. TO ATTEND CONFERENCES OR SYMPOSIUMS

5. FOR TRAVEL

6. TO ATHLETIC ORGANIZATIONS

VII. APPLICATION GUIDELINES:

PROPOSALS SHOULD BE SUBMITTED IN LETTER FORM IN QUADRUPLICATE AND SHOULD

INCLUDE THE FOLLOWING:

1. A BRIEF DESCRIPTION OF THE ORGANIZATION, ITS HISTORY, AND PURPOSE.

2. TITLE OF GRANT

3. A CONCISE DESCRIPTION OF THE PROJECT OR ACTIVITY PROPOSED, INCLUDING

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE SPECIFIC PURPOSE FOR WHICH THE GRANT IS REQUESTED,

THE HEALTH RELATED BENEFITS TO BE PROVIDED, AND THE NEEDS TO BE MET.

PLEASE DESCRIBE HOW YOUR PROJECT SPECIFICALLY RELATES TO COMMUNITY HEALTH

PROBLEMS AND ISSUES OUTLINED BY CENTRA HEALTH'S COMMUNITY HEALTH

ASSESSMENT.

4. NAMES AND ADDRESSES OF THE ORGANIZATION'S TRUSTEES, DIRECTORS, ADVISORS, AND PRINCIPAL STAFF.

5. NAME AND ADDRESS OF KEY INDIVIDUAL RESPONSIBLE FOR THE GRANT REQUEST.

6. A COPY OF THE DETERMINATION LETTER FROM THE IRS THAT THE ORGANIZATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION OR PRIVATE OPERATING FOUNDATION AS DEFINED IN SECTION 509 (A) OF THE INTERNAL REVENUE CODE.

7. CURRENT AUDITED FINANCIAL STATEMENT SHOWING THE MAJOR SOURCE OF ORGANIZATIONAL SUPPORT AND ENDOWMENT, IF ANY.

8. A BUDGET FOR THE PROJECT THAT INCLUDES THE TOTAL COST OF THE PROJECT AND THE SPECIFIC AMOUNT REQUIRED. SPECIFICALLY STATE ALL EXPECTED ITEMIZED EXPENSES. IF APPLICABLE, PLEASE LIST OTHER SOURCES OF FUNDING AVAILABLE TO YOU FOR THE PROJECT AND YOUR PLANS FOR FINANCIALLY SUSTAINING THE PROJECT AFTER GRANT FUNDS EXPIRE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

9. PLANS FOR EVALUATION OF PROJECT'S RESULTS. PLEASE INCLUDE ANY SPECIFIC

MEASURES THAT WILL BE USED TO EVALUATE HOW THIS PROJECT IMPROVED

COMMUNITY HEALTH.

10. A COVER LETTER FROM AN OFFICIAL OF THE ORGANIZATION STATING THAT THE

BOARD OF DIRECTORS OF THAT ORGANIZATION HAS FORMALLY APPROVED THE

PROPOSED PROGRAM.

11. IF ADDITIONAL INFORMATION ABOUT THE PROPOSAL IS NEEDED, THE APPLICANT

WILL BE CONTACTED BY THE EXECUTIVE VICE PRESIDENT OF THE CENTRA HEALTH

FOUNDATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRA HEALTH FOUNDATION

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**

Employer identification number

54-1604094

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ 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?

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

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

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

Only section 501(c)(3) and 501(c)(4) organizations 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?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page **2****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				
1	LEWIS C. ADDISON CENTRA SR VP/CFO	(i) 391,103. (ii) 0	0	0	54,592.	0	0	0
2	W. MICHAEL BRYANT CENTRA PRESIDENT/CEO THRU 4/22	(i) 303,200. (ii) 0	114,675.	712,205.	57,650.	21,179.	1,208,909.	0
3	GEORGE W. DAWSON FORMER CENTRA PRESIDENT/CEO	(i) 206,290. (ii) 0	19,000.	161,956.	21,981.	14,849.	333,813.	0
4	KATHRYN M. PUMPHREY, ED CENTRA EXEC VP OF FOUNDATION	(i) 495,317. (ii) 0	39,248.	38,168.	116,339.	38,873.	727,945.	0
5	E.W. TIBBS CENTRA PRESIDENT & CEO	(i) 337,719. (ii) 0	13,725.	1,260.	7,650.	27,697.	388,051.	0
6	MARK D. TOWNSEND, MD BOARD MEMBER	(i) 0 (ii) 0	0	0	0	0	0	0
7		(i) 0 (ii) 0	0	0	0	0	0	0
8		(i) 0 (ii) 0	0	0	0	0	0	0
9		(i) 0 (ii) 0	0	0	0	0	0	0
10		(i) 0 (ii) 0	0	0	0	0	0	0
11		(i) 0 (ii) 0	0	0	0	0	0	0
12		(i) 0 (ii) 0	0	0	0	0	0	0
13		(i) 0 (ii) 0	0	0	0	0	0	0
14		(i) 0 (ii) 0	0	0	0	0	0	0
15		(i) 0 (ii) 0	0	0	0	0	0	0
16		(i) 0 (ii) 0	0	0	0	0	0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 3

UNDER A MANAGEMENT AGREEMENT WITH CENTRA HEALTH, THE ORGANIZATION'S EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED IN ACCORDANCE WITH CENTRA HEALTH'S EXECUTIVE COMPENSATION PRACTICES WHICH INCLUDE THE USE OF A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT(S), AND COMPENSATION STUDY OR SURVEY.

PART I, LINE 4A

W. MICHAEL BRYANT, CENTRA HEALTH PRESIDENT/CEO THROUGH APRIL 22, 2013, RECEIVED SEVERANCE PAY FROM A RELATED ORGANIZATION DURING FY 2013 IN THE AMOUNT OF \$464,593, INCLUDED IN HIS TAXABLE INCOME.

PART I, LINE 4B

THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED RETIREMENT PLAN DURING FY 2013 FROM A RELATED ORGANIZATION.

NAME	TITLE	AMOUNT OF PAYOUT
LEWIS ADDISON	CENTRA SR VP & CFO	218,425

Part III Supplemental Information

Complete this part to 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.

W. MICHAEL BRYANT	FORMER CENTRA PRESIDENT	237,820
	& CEO	
GEORGE DAWSON	FORMER CENTRA PRESIDENT	161,956
	& CEO	
KATHRYN M. PUMPHREY	CENTRA FOUNDATION EXEC.	69,000
	VP AND CENTRA VP	
	OF DEVELOPMENT	
E.W. TIBBS	CENTRA PRESIDENT & CEO	-

THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED RETIREMENT PLAN IN FY 2013 FROM A RELATED ORGANIZATION.

NAME	TITLE	AMOUNT OF DEFERRAL
LEWIS ADDISON	CENTRA SR VP & CFO	46,942
W. MICHAEL BRYANT	FORMER CENTRA PRESIDENT	50,150
	& CEO	
GEORGE DAWSON	FORMER CENTRA PRESIDENT	-

Part III Supplemental Information

Complete this part to 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.

& CEO

KATHRYN M. PUMPHREY CENTRA FOUNDATION EXEC. 15,750

VP AND CENTRA VP

OF DEVELOPMENT

E.W. TIBBS CENTRA PRESIDENT & CEO 108,689

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

FORM 990, PART VI, SECTION A, LINE 2

OFFICER LEWIS ADDISON IS A BOARD MEMBER OF THE BANK OF THE JAMES,
LYNCHBURG, VA. BOARD MEMBERS AUGUSTUS PETTICOLAS, JR. AND ROBERT CHAPMAN
ARE OFFICERS OF THE BOARD OF DIRECTORS OF THE BANK OF THE JAMES,
LYNCHBURG, VA.

OFFICER LEWIS ADDISON IS AN OFFICER OF THE BOARD OF DIRECTORS OF PIEDMONT
COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICER E.W. TIBBS IS A BOARD MEMBER OF PIEDMONT COMMUNITY HEALTH PLAN, A
50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICER LEWIS ADDISON IS A BOARD MEMBER OF CENTRAL VIRGINIA IMAGING, A
50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICER E.W. TIBBS IS AN OFFICER OF CENTRAL VIRGINIA IMAGING, 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.

FORM 990, PART VI, SECTION A, LINE 6

CENTRA HEALTH, INC. IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH
FOUNDATION.

Name of the organization	Employer identification number
CENTRA HEALTH FOUNDATION	54-1604094

FORM 990, PART VI, SECTION A, LINE 7A

CENTRA HEALTH, INC. IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH FOUNDATION AND HAS THE POWER TO ELECT THE BOARD OF DIRECTORS OF CENTRA HEALTH FOUNDATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B

CENTRA HEALTH, INC. IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH FOUNDATION AND HAS THE POWER TO APPROVE DECISIONS MADE BY CENTRA HEALTH FOUNDATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. COPIES OF THE FORM 990 WERE PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS AND ANY QUESTIONS RAISED BY THE BOARD OF DIRECTORS HAVE BEEN ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 12C

ALL CENTRA OFFICERS AND DIRECTORS MUST COMPLETE A "POSSIBLE CONFLICT OF INTEREST" QUESTIONNAIRE ON AN ANNUAL BASIS, CERTIFYING THAT NEITHER THEY NOR ANY OF THEIR IMMEDIATE FAMILY MEMBERS HAVE ENGAGED IN ANY ACTIVITIES THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST. ADDITIONALLY, ALL OFFICERS AND DIRECTORS MUST AGREE TO PROMPTLY REPORT ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR TO THE PRESIDENT OR CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15

FORM 990, PART VI, LINES 15A AND 15B WERE ANSWERED AS "NO", HOWEVER,

Name of the organization

Employer identification number

CENTRA HEALTH FOUNDATION

54-1604094

UNDER A MANAGEMENT AGREEMENT WITH CENTRA HEALTH, INC., A RELATED PARTY, THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT'S COMPENSATION IS ESTABLISHED IN ACCORDANCE WITH CENTRA HEALTH'S EXECUTIVE COMPENSATION PRACTICES WHICH INCLUDE THE USE OF A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT(S), AND COMPENSATION STUDY OR SURVEY.

FORM 990, PART VI, SECTION C, LINE 18

PHOTOCOPIES OF THE ORGANIZATION'S FORM 1023 AND RECENT FILINGS OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART VI, SECTION C. LINE 19

THE ORGANIZATION PROVIDES PHOTOCOPIES OF ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AT ITS ADMINISTRATIVE OFFICE UPON REQUEST.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF CENTRA HEALTH FOUNDATION IS TO DEVELOP RESOURCES TO ENHANCE AND ENRICH THE SERVICES, PROGRAMS, AND FACILITIES OF CENTRA LYNCHBURG GENERAL AND CENTRA VIRGINIA BAPTIST HOSPITALS IN ORDER TO ASSIST THE CENTRA HEALTH SYSTEM IN MEETING AND SOLVING COMMUNITY HEALTH PROBLEMS.

THE MAJOR OBJECTIVES OF THE FOUNDATION ARE TO:

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

1. SPONSOR CENTRA HEALTH PROJECTS, PROGRAMS AND ACTIVITIES WHICH ADDRESS COMMUNITY HEALTH PROBLEMS AND ISSUES.
2. DEVELOP RESOURCES TO FUND INDIGENT PATIENT CARE AT CENTRA HEALTH FACILITIES.
3. ASSIST CENTRA HEALTH IN PROVIDING THE EQUIPMENT AND FACILITIES NECESSARY TO ASSURE EXCELLENT HEALTHCARE TO ITS PATIENTS.
4. PROVIDE STIPENDS AND SCHOLARSHIPS FOR NEEDY AND DESERVING STUDENTS WHO WISH TO PURSUE HEALTH CAREERS IN CENTRAL VIRGINIA.

CENTRA HEALTH FOUNDATION IS COMMITTED TO SERVE AS A GOOD STEWARD OF THE COMMUNITY'S RESOURCES ENTRUSTED TO IT BY UTILIZING, SAFEGUARDING AND ENHANCING THEM THROUGH SOUND FINANCIAL PRACTICES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RAISE FUNDS TO SUPPORT CENTRA HEALTH, INC IN CONTINUING TO PROVIDE QUALITY HEALTHCARE TO THE RESIDENTS OF LYNCHBURG, VA AND THE SURROUNDING COMMUNITIES.

A - RAISE FUNDS TO SUPPORT CENTRA HEALTH, INC IN CONTINUING TO PROVIDE QUALITY HEALTHCARE TO THE RESIDENTS OF LYNCHBURG, VA AND THE SURROUNDING COMMUNITIES. FOR THE YEAR ENDING 12/31/13 THE

Name of the organization

Employer identification number

CENTRA HEALTH FOUNDATION

54-1604094

ATTACHMENT 2 (CONT'D)

FOUNDATION PROVIDED \$529,883 IN SUPPORT TO CENTRA HEALTH.

B - DEVELOP RESOURCES OF \$707,851 TO FUND INDIGENT PATIENT CARE AT
CENTRA HEALTH FACILITIES IN 2013.

C - ASSIST CENTRA HEALTH BY PROVIDING EQUIPMENT AND FACILITIES
FUNDING OF \$1,049,750 IN 2013.

D - SUPPORT COMMUNITY HEALTH-RELATED PROJECTS THROUGH THE SUPPORT
OF ORGANIZATIONS CENTERED IN THE WELLNESS OF THE RESIDENTS OF
LYNCHBURG, VA AND THE SURROUNDING REGIONS. COMMUNITY SUPPORT FOR
2013 TOTALED \$467,705.

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

2013Open to Public
Inspection

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number

54-1604094

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)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

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 No
(1)	CENTRA HEALTH, INC. 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-0715569	HEALTHCARE	VA	501 (C) (3)	03	N/A	X
(2)	SOUTHSIDE COMMUNITY HOSPITAL, INC 800 OAK STREET FARMVILLE, VA 23901 54-0555201	HEALTHCARE	VA	501 (C) (3)	03	N/A	X
(3)	CCRC, INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1929580	CONTINUING CARE	VA	501 (C) (3)	11, I	N/A	X
(4)	-----	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
(1) GENERAL BUSINESS CONCERNS, INC. 1920 ATHERHOIT ROAD LYNCHBURG, VA 24501 54-1299682	REAL ESTATE-P	VA	N/A	C CORP				
(2) -----								
(3) -----								
(4) -----								
(5) -----								
(6) -----								
(7) -----								

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-S-4)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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

**Application for Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or
print**

File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

CENTRA HEALTH FOUNDATION

54-1604094

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

1920 ATHERHOLT ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions

LYNCHBURG, VA 24501

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► LEWIS C. ADDISON

Telephone No ► 434 200-4708

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year 2013 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	CENTRA HEALTH FOUNDATION		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions		54-1604094	
	1920 ATHERHOLT ROAD		Social security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	LYNCHBURG, VA 24501			

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of LEWIS C. ADDISON
Telephone No 434 200-4708 Fax No
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/17, 20 14
- 5 For calendar year 2013, or other tax year beginning , 20 , and ending , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Margaret A. Backhaus Title CPA/ AGENT Date 8/12/14

Form 8868 (Rev. 1-2014)