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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTRA HEALTH INC

% DAVID G GOUGH

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1920 Atherholt Road

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

D Employer identification number
54-0715569

E Telephone number
(434) 200-4712

G Gross receipts $ 1,891,110,057

F Name and address of principal officer
EW Tibbs
1920 Atherholt Road
Lynchburg, VA 24501

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www centrahealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Excellent Care - Every Time

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	6,691
6	Total number of volunteers (estimate if necessary)	**6**	986
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,435,301
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,023,920

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	3,377,699	2,444,918
9	Program service revenue (Part VIII, line 2g)	605,976,778	643,507,287
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,833,890	31,416,244
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,208,296	3,225,444
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	654,396,663	680,593,893
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	897,430	1,535,028
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	341,507,664	351,812,055
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	254,156,403	280,457,462
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	596,561,497	633,804,545
19	Revenue less expenses Subtract line 18 from line 12	57,835,166	46,789,348

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	854,632,293	929,094,060
21	Total liabilities (Part X, line 26)	329,973,066	397,911,264
22	Net assets or fund balances Subtract line 21 from line 20	524,659,227	531,182,796

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 — 2015-11-06 Date

▶ DAVID ADAMS VP Finance
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1676 International Drive, McLean, VA 22102 — Phone no (703) 286-8000

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

EXCELLENT CARE - EVERY TIME

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 557,617,759 including grants of $ 1,535,028) (Revenue $ 634,071,986)

AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC 'S COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES CENTRA HEALTH, INC (CENTRA) HAS BEEN BRINGING BABIES IN THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR OVER 25 YEARS, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE PLEASE SEE THE CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 557,617,759

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	661		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,691		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	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**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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, address, and telephone number of the person who possesses the organization's books and records

▶ DAVID G GOUGH
1920 ATHERHOLT ROAD
LYNCHBURG, VA 24501 (434) 200-4712

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,549,601	0	735,350

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 ▶ 416

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL ASSOCIATES OF CENTRAL VIRGI, PO BOX 11889 LYNCHBURG, VA 24506	PHYSICIAN SERVICES	10,895,674
BLAIR CONSTRUCTION, PO BOX 612 GRETNA, VA 24557	GENERAL CONTRACTORS	8,641,204
JAMERSON-LEWIS CONSTRUCTION INC, PO BOX 10728 LYNCHBURG, VA 24506	GENERAL CONTRACTORS	3,880,504
HERITAGE HEALTHCARE INC, 536 OLD HOWELL ROAD GREENVILLE, SC 29615	THERAPY MGMT SVCS	3,261,487
VIRGINIA HOSPITAL LAUNDRY INC, 1601 OLIVER HILL WAY RICHMOND, VA 23219	LAUNDRY/LINEN SVCS	2,229,817

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 59

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,514,837			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	930,081			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,444,918			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	624100	606,526,100	597,090,799	9,435,301	
	b	ANCILLARY SERVICES	900099	17,772,342	17,772,342		
	c	TUITION & EDUCATION	611600	18,724,124	18,724,124		
	d	CONTROLLED ENTITIES	900099	-266,418	-266,418		
	e	MEANINGFUL USE	900099	751,139	751,139		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		643,507,287			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,835,144			5,835,144
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	3,554,216					
	b	Less rental expenses	2,895,201					
	c	Rental income or (loss)	659,015	0				
	d	Net rental income or (loss) . . . . . ▶			659,015			659,015

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,233,170,848	31,215				
	b	Less cost or other basis and sales expenses	1,207,620,963					
	c	Gain or (loss)	25,549,885	31,215				
	d	Net gain or (loss) . . . . . ▶			25,581,100			25,581,100
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue	Business Code					
	11a	CAFETERIA/VENDING/DIETARY	722210		2,466,335			2,466,335
	b	REIMBURSED COSTS	541610		100,094			100,094
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶			2,566,429			
	12	**Total revenue.** See Instructions . . . . . ▶			680,593,893	634,071,986	9,435,301	34,641,688

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 domestic organizations and domestic governments See Part IV, line 21	1,535,028	1,535,028		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	4,612,787	269,870	4,342,917	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	238,930	238,930		
7 Other salaries and wages	277,462,504	264,016,711	13,445,793	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,886,067	4,577,845	308,222	
9 Other employee benefits	36,939,425	33,114,538	3,824,887	
10 Payroll taxes	27,672,342	25,926,719	1,745,623	
11 Fees for services (non-employees)				
a Management	989,265	690,246	299,019	
b Legal	3,762,805	2,482,733	1,280,072	
c Accounting	208,677	30,229	178,448	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,629,963		1,629,963	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,112,780	53,328,916	12,783,864	
12 Advertising and promotion	2,813,477	2,523,952	289,525	
13 Office expenses	31,816,259	30,233,772	1,582,487	
14 Information technology	21,244,550	213,820	21,030,730	
15 Royalties	0			
16 Occupancy	9,935,170	9,549,099	386,071	
17 Travel	1,641,784	1,573,129	68,655	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,866,469	1,570,179	296,290	
20 Interest	5,173,959	5,173,959		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	36,897,337	24,250,445	12,646,892	
23 Insurance	4,750,393	4,703,213	47,180	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	58,216,348	58,216,200	148	
b DRUGS	31,941,448	31,941,448		
c BOND COST AMORTIZATION	1,456,778	1,456,778		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	633,804,545	557,617,759	76,186,786	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		24,713,837	1	14,666,339
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		61,346,710	4	72,021,931
	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		32	6	0
	7	Notes and loans receivable, net		144,188	7	144,188
	8	Inventories for sale or use		14,163,831	8	16,187,372
	9	Prepaid expenses and deferred charges		5,165,605	9	6,661,252
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 804,718,990			
	b	Less accumulated depreciation	10b 514,300,162	259,470,618	10c	290,418,828
	11	Investments—publicly traded securities		342,976,076	11	350,716,105
	12	Investments—other securities See Part IV, line 11		127,534,611	12	154,085,710
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		19,116,785	15	24,192,335
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		854,632,293	16	929,094,060
Liabilities	17	Accounts payable and accrued expenses		61,716,565	17	64,983,022
	18	Grants payable		0	18	0
	19	Deferred revenue		896,622	19	490,768
	20	Tax-exempt bond liabilities		204,353,893	20	227,511,257
	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		63,005,986	25	104,926,217
	26	**Total liabilities.** Add lines 17 through 25		329,973,066	26	397,911,264
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		465,637,364	27	470,128,269
	28	Temporarily restricted net assets		30,143,485	28	32,176,149
	29	Permanently restricted net assets		28,878,378	29	28,878,378
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		524,659,227	33	531,182,796
	34	Total liabilities and net assets/fund balances		854,632,293	34	929,094,060

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	680,593,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	633,804,545
3	Revenue less expenses Subtract line 2 from line 1	3	46,789,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	524,659,227
5	Net unrealized gains (losses) on investments	5	-7,070,805
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-33,194,974
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	531,182,796

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WALKER P SYDNOR CHAIRMAN	2 0 0 0	X		X				0	0	0
(1) AMY G RAY VICE-CHAIRMAN	2 0 0 0	X		X				0	0	0
(2) EW TIBBS PRESIDENT/CEO	50 0 0 0	X		X				784,884	0	156,229
(3) ALBERT M BAKER MD DIRECTOR	2 0 0 0	X						0	0	0
(4) MICHAEL V BRADFORD DIRECTOR	2 0 0 0	X						0	0	0
(5) JULIE P DOYLE DIRECTOR	2 0 0 0	X						0	0	0
(6) HC ESCHENROEDER JR MD DIRECTOR	2 0 0 0	X						0	0	0
(7) LAURA L HAMILTON DIRECTOR	2 0 0 0	X						0	0	0
(8) SHARON L HARRUP DIRECTOR	2 0 0 0	X						0	0	0
(9) TERRY H JAMERSON DIRECTOR	2 0 0 0	X						0	0	0
(10) STEPHEN C KEITH EDD DIRECTOR	2 0 0 0	X						0	0	0
(11) AUGUSTUS A PETTICOLAS JR DDS DIRECTOR	2 0 0 0	X						0	0	0
(12) CHARLES W PRYOR JR PHD DIRECTOR	2 0 0 0	X						0	0	0
(13) VERNA R SELLERS MD DIRECTOR	50 0 0 0	X						257,695	0	12,175
(14) R SACKETT WOOD DIRECTOR	2 0 0 0	X						0	0	0
(15) LEWIS C ADDISON TREASURER & SENIOR VP/CFO	50 0 0 0			X				554,837	0	30,906
(16) DAVID D ADAMS SECRETARY/EVP, CSO	50 0 0 0			X				498,372	0	77,883
(17) DANIEL CAREY MD SVP/CHIEF MEDICAL OFFICER	50 0 0 0				X			457,142	0	46,801
(18) MICHAEL I ELLIOTT SVP/CHIEF OPERATING OFFICER	50 0 0 0				X			246,937	0	39,926
(19) PATTI S MCCUE SCED SVP/CHIEF NURSING OFFICER	50 0 0 0				X			406,201	0	14,201
(20) THOMAS W NYGAARD MD SVP/CHIEF MEDICAL OFFICER	50 0 0 0				X			599,391	0	77,656
(21) JANICE H WALKER SVP/CHIEF ADMIN OFFICER	50 0 0 0				X			294,532	0	57,019
(22) DAVID W FRANTZ MD MD CARDIOVASCULAR	50 0 0 0					X		802,652	0	41,032
(23) THEOFILOS MACHINIS MD MD NEUROSURGERY	50 0 0 0					X		804,819	0	27,796
(24) DILANTHA ELLEGALA MD MD NEUROSURGERY	50 0 0 0					X		736,817	0	42,126

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MATTHEW C SACKETT MD ..... MD CARDIOVASCULAR	50 0 ..... 0 0					X		699,485	0	41,215
(1) W MICHAEL BRYANT ..... FORMER PRESIDENT/CEO	0 0 ..... 0 0						X	690,825	0	17,540
(2) CHAD A HOYT MD ..... MD CARDIOVASCULAR	50 0 ..... 0 0						X	715,012	0	52,845

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		33,917
j	Total Add lines 1c through 1i			33,917
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	Part II-B, Ln 1(I) ATTENDANCE AT VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION 2014 LEGISLATIVE ISSUES CONFERENCES (REGISTRATION EXPENSES, HOTEL, TRAVEL, & MEALS) $ 346 A PORTION OF THE ORGANIZATION'S HOSPITAL ASSOCIATION DUES FOR 2014 WERE ATTRIBUTABLE TO LOBBYING EXPENSES THIS AMOUNT WAS $ 33,571

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	42,984,832	38,188,253	29,734,229	29,734,229	29,734,229
b	Contributions					
c	Net investment earnings, gains, and losses	501,833	5,134,898	293,321	374,984	336,616
d	Grants or scholarships					
e	Other expenditures for facilities and programs	542,923	338,319	293,321	374,984	336,616
f	Administrative expenses					
g	End of year balance	42,943,742	42,984,832	29,734,229	29,734,229	29,734,229

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

- a Board designated or quasi-endowment ▶ 2 140 %
- b Permanent endowment ▶ 67 100 %
- c Temporarily restricted endowment ▶ 30 760 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,778,303		15,778,303
b Buildings		381,455,558	216,833,652	164,621,906
c Leasehold improvements		18,370,545	11,966,690	6,403,855
d Equipment		365,247,209	285,499,820	79,747,389
e Other		23,867,375	0	23,867,375
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				290,418,828

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LEVEL 3 INVEST IN REAL ESTATE	33,540,448	F
(B) EQUITY IN AFFILIATES	3,826,762	F
(C) INVEST CAPITAL-CONTROL ENTITIE	116,718,500	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	154,085,710	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
EST PAYABLE TO 3RD PARTY	18,793,642
PHYSICIAN RECRUITMENT LIABILITY	277,185
CURRENT INSTALLMENTS DUE TO SCH	842,622
ACCRUED INTEREST PAYABLE	159,174
INTEREST RATE SWAP AGREEMENT	21,619,902
PENSION LIABILITY	48,614,709
EST LIABILITY FOR UNPAID CLAIMS	14,618,983
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	104,926,217

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
ENDOWMENT	PART V, LINE 4 THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE FOUNDATION HAS A POLICY OF REQUESTING FOR DISTRIBUTION EACH YEAR EITHER NET INCOME OF THE ASSET OR A PERCENTAGE OF THE ASSETS AVERAGE FAIR VALUE WHICH RESULTS IN AN AVERAGE NET CASH DISTRIBUTION OF 2 4% OF TOTAL ASSETS ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 4 3% ANNUALLY THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN
TAX FOOTNOTE	CENTRA HEALTH, INC , CENTRA HEALTH FOUNDATION, CCRC, INC , SOUTHSIDE COMMUNITY HOSPITAL INC , BEDFORD MEMORIAL HOSPITAL, AND LYNCHBURG FAMILY PRACTICE RESIDENCY PROGRAM, INC ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO INCOME TAXES HAVE BEEN PROVIDED FOR THESE ENTITIES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS EXCEPT FOR TAXES RELATED TO CERTAIN UNRELATED BUSINESS INCOME ENGAGED IN BY CENTRA CENTRA MEDICAL GROUP LLC, CENTRA HEALTH INDEMNITY COMPANY LLC, AND CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE, LLC ARE DISREGARDED FOR FEDERAL INCOME TAX PURPOSES AND THEREFORE ARE INCLUDED UNDER CENTRA'S TAX RETURN CENTRA HAS ADOPTED RELEVANT ACCOUNTING STANDARDS RELATED TO TAXES FOR ITS SUBSIDIARY, GENERAL BUSINESS CONCERNS, INC UNDER THE ASSET AND LIABILITY METHOD FOR THESE STANDARDS, DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASIS OF THE SUBSIDIARY'S ASSETS AND LIABILITIES AT INCOME TAX RATES EXPECTED TO BE IN EFFECT WHEN SUCH AMOUNTS ARE REALIZED OR SETTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN EARNINGS IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE CENTRA HEALTH INDEMNITY COMPANY LLC IS WHOLLY OWNED BY CENTRA HEALTH, INC ANY LIABILITY FOR TAXES ARE PASSED THROUGH TO CENTRA HEALTH, INC A PROVISION WILL BE MADE WHEN OPERATIONS OF THIS SUBSIDIARY INDICATES A LIABILITY FOR TAXES CENTRA HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2014 CENTRA BELIEVES THEY ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2011

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314007095

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,116,290		18,116,290	2 860 %
b Medicaid (from Worksheet 3, column a)			89,185,026	69,047,962	20,137,064	3 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			107,301,316	69,047,962	38,253,354	6 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			716,433		716,433	0 110 %
f Health professions education (from Worksheet 5)			13,033,803	6,583,268	6,450,535	1 020 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			991,063		991,063	0 150 %
j **Total.** Other Benefits			14,741,299	6,583,268	8,158,031	1 280 %
k **Total.** Add lines 7d and 7j			122,042,615	75,631,230	46,411,385	7 320 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			635		635	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,623		1,623	
7 Community health improvement advocacy			3,423		3,423	
8 Workforce development						
9 Other						
10 **Total**			5,681		5,681	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 34,951,991		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	275,392,533
6	Enter Medicare allowable costs of care relating to payments on line 5	6	303,131,437
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-27,738,904
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PIEDMONT COMMUNITY H	HEALTH INSURANCE	50 000 %		50 000 %
2 CENTRAL VIRGINIA IMA	IMAGING SERVICES	50 000 %		50 000 %
3 THE SURGERY CENTER O	OUTPATIENT SURGERY SVCS	50 000 %	1 000 %	49 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group LYNCHBURG GENERAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.CENTRAHEALTH.COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW.CENTRAHEALTH.COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group VIRGINIA BAPTIST HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.CENTRAHEALTH.COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW.CENTRAHEALTH.COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CENTRA SPECIALTY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.CENTRAHEALTH.COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW.CENTRAHEALTH.COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		No
	If "No," indicate why			
a	☑ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	CENTRA ORGANIZED TWO COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY ADVISORY BOARDS - ONE FOR THE CENTRA HEALTH, LYNCHBURG REGION AND ONE FOR THE SOUTHSIDE COMMUNITY HOSPITAL, FARMVILLE REGION THESE CHNA COMMUNITY ADVISORY BOARDS WERE COMPRISED OF COMMUNITY LEADERS REPRESENTING EDUCATION, BUSINESS, SOCIAL SERVICE AGENCIES, GOVERNMENT, PUBLIC HEALTH AUTHORITIES, COLLEGES (INCLUDING OUR LOCAL SCHOOL OF PUBLIC HEALTH), OTHER HEALTHCARE PROVIDERS, AND NEIGHBORHOOD CITIZEN ORGANIZATIONS IN AN EFFORT TO OBTAIN AS BROAD-BASED COMMUNITY INPUT AS POSSIBLE PARTICIPANTS INCLUDED ORGANIZATIONS THAT REPRESENT THE NEEDS OF MEDICALLY UNDERSERVED, LOW INCOME, OR MINORITY POPULATIONS A LIST OF INDIVIDUAL PARTICIPANTS IS LISTED ON THE LAST PAGE OF THE CHNA ASSESSMENT & IMPLEMENTATION PLAN REPORTS
PART V, SECTION B, LINE 6a	THE ORGANIZATION'S CHNA WAS CONDUCTED WITH THE FOLLOWING FACILITIES LYNCHBURG GENERAL HOSPITAL, VIRGINIA BAPTIST HOSPITAL, AND CENTRA SPECIALTY HOSPITAL
PART V, SECTION B, LINE 7d	HARD COPIES OF THE CHNA ASSESSMENT & IMPLEMENTATION PLAN WERE SENT TO ALL CHNA COMMUNITY ADVISORY BOARD MEMBERS
PART V, SECTION B, LINE 11	THE COMMUNITY HEALTH NEEDS ASSESSMENT & PLAN IDENTIFIED THREE OVERARCHING ACTION PLAN PRIORITIES AIMED AT IMPROVING THE HEALTH OF THE VARIOUS COMMUNITIES SERVED BY LYNCHBURG GENERAL, VIRGINIA BAPTIST AND CENTRA SPECIALTY HOSPITALS ACCESS TO CARE, HEALTH STATUS IMPROVEMENT, AND HEALTH DISPARITIES FOR THE ACTION PLAN PRIORITY REGARDING ACCESS TO CARE, THE HOSPITALS HAVE MADE SIGNIFICANT IMPROVEMENTS TO INCREASE ACCESS TO PRIMARY MEDICAL CARE THROUGH THE RECRUITMENT OF NEW PRIMARY CARE PROVIDERS TO CENTRA MEDICAL GROUP'S PRIMARY CARE PRACTICES IN GRETNA, LYNCHBURG, AMHERST, FARMVILLE, AND BEDFORD ACCESS TO MENTAL HEALTH SERVICES HAS BEEN INCREASED BY ADDING NEW MENTAL HEALTH PROVIDERS IN FARMVILLE AND LYNCHBURG, AS WELL AS PROVIDING TELEPSYCHIATRY SERVICES TO BEDFORD MEMORIAL HOSPITAL A MOBILE MEDICAL VAN SERVICE WAS INITIATED TO PROVIDE ACCESS TO PRIMARY CARE SERVICES TO TARGETED "HOT SPOT" NEIGHBORHOODS IN LYNCHBURG LASTLY, CENTRA HAS INCREASED ITS COLLABORATION WITH THE CENTRA VIRGINIA FREE CLINIC BY PROVIDING FUNDS FOR FREE PRESCRIPTIONS AND FINANCIAL SUPPORT FOR ADDITIONAL PRIMARY AND SPECIALTY CARE PROVIDERS FOR THE ACTION PLAN PRIORITY REGARDING HEALTH STATUS IMPROVEMENT, NUMEROUS INITIATIVES HAVE BEEN IMPLEMENTED TO SUPPORT HEALTH EDUCATION, WELLNESS AND PREVENTION THESE INITIATIVES INCLUDE OPENING A HEALTHY FAMILY CENTER AT THE LYNCHBURG YMCA WHICH ADDRESSES CHILDHOOD OBESITY, FUNDED A HEALTH EDUCATION EXHIBIT AT THE LOCAL CHILDREN'S MUSEUM WHICH FOCUSES ON CHILDHOOD OBESITY, HEALTH EDUCATION, WELLNESS AND PREVENTION, INITIATED THE TAKE CHARGE PROGRAM WHICH FUNDS THE LOCAL CENTRAL VIRGINIA AREA ON AGING TO PROVIDE TRANSITIONAL SUPPORT SERVICES FOR ELDERLY PATIENTS RECENTLY DISCHARGED FROM THE HOSPITAL, AND FUNDED LIVE HEALTHY LYNCHBURG, WHICH IS A COMMUNITY IMPACT COLLABORATIVE WHICH PROVIDES TRANSPORTATION SERVICES, COMMUNITY GARDENS, AND ENCOURAGES HEALTHY CHILDREN'S PLAY IN THE AREA OF HEALTH DISPARITIES, THE HOSPITALS HAVE INITIATED A NUMBER OF NEW SERVICES ALL AIMED AT REDUCING HEALTH DISPARITIES AMONG THE RACES AND IN PARTICULAR, REDUCING THE DISPARITIES FOUND IN ACCESS TO PRENATAL CARE THESE INITIATIVES INCLUDE AN EXPANSION OF THE COMMUNITY VOICE PROGRAM, WHICH IS A LAY HEALTH EDUCATOR PROGRAM AIMED AT REDUCING INFANT MORTALITY AND IMPROVING ACCESS TO PRENATAL CARE OTHER PROGRAMS AND SERVICES INCLUDE THE HEALTHY FAMILIES PROGRAM, WHICH PROVIDES INTENSIVE IN-HOME VISITATIONS WITH NEW AND EXPECTANT FAMILIES IN PROVIDING HEALTH EDUCATION AND TRANSPORTATION TO APPOINTMENTS THE COMMUNITY HEALTH NEEDS ASSESSMENT DID IDENTIFY A NUMBER OF SIGNIFICANT NEEDS WHICH WERE CHOSEN NOT TO BE ADDRESSED THESE INCLUDED FAMILIES LIVING BELOW THE POVERTY LEVEL AND ACCESS TO HEALTH INSURANCE THE RATIONALE FOR NOT ADDRESSING THESE NEEDS WAS THAT IT WAS FELT THESE NEEDS WERE HIGHLY COMPLEX IN NATURE AND AFFECTED BY A WIDE VARIETY OF INFLUENCING FACTORS - MANY WELL BEYOND THE CAPABILITY AND RESOURCES AVAILABLE THROUGH CENTRA AND/OR ITS COLLABORATING PARTNERS FURTHERMORE, WITH RESPECT TO ACCESS TO HEALTH INSURANCE, OUR ADVISORY BOARDS FELT THE FULL IMPLEMENTATION OF THE AFFORDABLE CARE ACT WOULD SERVE TO ADDRESS MUCH OF THE NEED AROUND ACCESS TO AFFORDABLE HEALTH INSURANCE
PART V, SECTION B, LINE 16A, B, C	(LYNCHBURG GENERAL HOSPITAL, VIRGINIA BAPTIST HOSPITAL, AND CENTRA SPECIALTY HOSPITAL) THE ENTIRE FNANCIAL ASSISTANCE POLICY (FAP), INCLUDING FAP APPLICATION AND PLAIN LANGUAGE SUMMARY IS LOCATED AT THE FOLLOWING URL HTTP //CENTRAHEALTHONLINEBILLPAY PATIENTCOMPASS COM
PART V, SECTION B, LINE 21	(POLICY RELATING TO EMERGENCY MEDICAL CARE) FACILITY CENTRA SPECIALITY HOSPITAL CENTRA SPECIALITY HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT DUE TO THE NATURE OF THE HOSPITAL'S SERVICES

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **64**

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

Part VI Supplemental Information

Provide the following information

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

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

Form and Line Reference	Explanation
PART I, LINE 6A	INFORMATION ON COMMUNITY BENEFIT IS REPORTED ANNUALLY THROUGH A REPORT PREPARED BY CENTRA HEALTH, INC

Form and Line Reference	Explanation
PART I, LINE 7	COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE EXPENSE

Form and Line Reference	Explanation
PART II	COMMUNITY BUILDING ACTIVITIES COMMUNITY SUPPORT CENTRA HEALTH, INC KNOWS THE IMPORTANCE OF MAINTAINING A STRONG RELATIONSHIP WITH THE COMMUNITY IT SERVES WE CONTINUOUSLY WORK TO SEEK OUT WAYS IN WHICH WE CAN SUPPORT THE COMMUNITY HELPING THOSE IN NEED IS A MAIN FOCUS OF CENTRA, NOT ONLY WITH THEIR HEALTH NEEDS BUT WITH THE FUNDAMENTAL NEEDS OF INDIVIDUALS WITHIN OUR COMMUNITY, AS WELL WE FEEL AN ESSENTIAL PART OF BEING A GOOD NEIGHBOR WITHIN THE COMMUNITY IS TO PROMOTE HEALTH, SAFETY, AND WELL-BEING ACTIVITIES IN ORDER TO BENEFIT THOSE AROUND THE COMMUNITY COALITION BUILDING CENTRA HEALTH, INC CONTINUES TO REACH OUT TO THE COMMUNITY IN ORDER TO INFORM THE PUBLIC ABOUT THE NUMEROUS HEALTH FAIRS, HEALTH SEMINARS, AND GENERAL INFORMATIONAL SESSIONS OFFERED BY CENTRA, THROUGHOUT THE YEAR OUR FAITH BASED PROGRAMS ARE A CRUCIAL PART OF OUR ATTEMPT TO REACH THE COMMUNITY WE STRIVE TO EDUCATE LOCAL CLERGY AND COMMUNITY LEADERS SO THEY CAN PROMOTE THESE PROGRAMS WITHIN THEIR INDIVIDUAL COMMUNITIES, IN A COLLABORATIVE EFFORT WITH CENTRA FOR EXAMPLE, CENTRA OFFERS "CONGREGATIONAL HEALTH PROMOTER" COURSES WHICH WE ADMINISTER NUMEROUS TIMES DURING THE YEAR THROUGHOUT VARIOUS COMMUNITY CHURCHES THIS COURSE IS GEARED TOWARD ANY CHURCH MEMBER THAT IS INTERESTED AND PROVIDES INFORMATION AND RESOURCES REGARDING CHRONIC ILLNESSES AND HEALTH ISSUES, AND SPECIFIC STRATEGIES TO PROMOTE HEALTH OF OUR LOCAL COMMUNITIES LIVE HEALTHY LYNCHBURG IS THE UMBRELLA GROUP OF COMMUNITY COLLABORATORS WORKING ON COMMUNITY HEALTH INITIATIVES WHICH CENTRA IS A PARTNER OTHER COMMUNITY PARTNERS WITHIN THIS GROUP ARE THE LYNCHBURG HEALTH DEPARTMENT, CHAMBER OF COMMERCE, CITY OF LYNCHBURG, LYNCHBURG CITY SCHOOLS, JOHNSON HEALTH CENTER, PRESBYTERIAN HOMES, ETC ALSO, CENTRA PARTICIPATES IN THE HIPE (HEALTHY PEOPLE THROUGH PREVENTION & EDUCATION COALITION) WHICH FOCUSES ON TOBACCO AND SUBSTANCE ABUSE, CHILDHOOD OBESITY, SUPPORTING HEALTH ACTIVITIES FOR YOUTH HIPE IS MADE UP OF COMMUNITY MEMBERS FROM ORGANIZATIONS SUCH AS, HORIZON BEHAVIORAL HEALTH, LYNCHBURG HEALTH DEPT , AREA SOCIAL SERVICES, PARKS AND RECS, CITY SCHOOLS, ETC , AND IS FOCUSED ON LOOKING AT BROADER HEALTH NEEDS IN THE COMMUNITY CENTRA HEALTH, INC PARTICIPATES IN HEALTH CAREER CAMPS IN ORDER TO PROMOTE THE IMPORTANCE OF HEALTHCARE PROFESSIONALS TO YOUNG ADULTS SO THEY MAY, POSSIBLY, BECOME MEMBERS OF THE HEALTHCARE COMMUNITY IN THE FUTURE THROUGH OUT THE YEAR, WE ALSO VISIT LOCAL ELEMENTARY AND MIDDLE SCHOOLS WITHIN THE COMMUNITY TO INTRODUCE THE YOUTH TO HEALTHCARE CAREERS COMMUNITY HEALTH IMPROVEMENT ADVOCACY HELPING THE COMMUNITY IMPROVE THEIR HEALTH IS AN IMPORTANT MISSION OF CENTRA HEALTH, INC WE FEEL PASSIONATELY ABOUT IMPROVING ACCESS TO CARE, PUBLIC HEALTH, ETC WE ARE EXCITED TO PARTICIPATE IN NUMEROUS EVENTS THROUGHOUT THE YEAR IN ORDER TO STAY CONNECTED TO THE COMMUNITY WE SERVE BY STAYING CONNECTED WE ARE ABLE TO RECOGNIZE AND ADDRESS NEEDS THROUGHOUT OUR REGION

Form and Line Reference	Explanation
PART III, SECTION A, LINE 1	ON JANUARY 1, 2012, CENTRA HEALTH, INC AND SUBSIDIARIES ADOPTED ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, WHICH CHANGED CENTRA'S PRESENTATION OF PROVISION FOR DOUBTFUL ACCOUNTS TO A DEDUCTION FROM NET PATIENT SERVICE REVENUE THIS HAS BEEN DISCLOSED IN THE FOOTNOTES OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS THEREFORE, CENTRA HEALTH AND ITS SUBSIDIARIES, INCLUDING SOUTHSIDE COMMUNITY HOSPITAL AND BEDFORD MEMORIAL HOSPITAL REPORT BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	SEE DESCRIPTION FOR PART III, SECTION A, LINE 4

Form and Line Reference	Explanation
PART III, SECTION A LINE 4	THE ORGANIZATION BELIEVES THAT ITS PROCEDURES CONCERNING THE APPLICATION OF ITS FINANCIAL ASSISTANCE POLICY ARE SUFFICIENTLY THOROUGH TO EXCLUDE ALL PATIENTS WHO ARE ELIGIBLE FOR CHARITY CARE FROM BAD DEBT THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE ABOUT BAD DEBT "PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR BAD DEBTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, CENTRA ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CENTRA ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND PROVISION FOR CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAS ALREADY PAID, CENTRA RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT SOME PATIENTS ARE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR BAD DEBT " (CENTRA HEALTH, INC FY 2014 AUDIT REPORT, PAGE 13)

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING THE COST TO CHARGE RATIO THE TOTAL AMOUNT OF MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE CENTRA HEALTH'S MISSION IS TO PROMOTE HEALTH IN THE COMMUNITY AND WE DO NOT LIMIT THE CARE AVAILABLE TO ANY OF OUR PATIENTS, INCLUDING THOSE COVERED BY MEDICARE WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS EVEN THOUGH REIMBURSEMENTS WERE LESS THAN THE COST TO PROVIDE SERVICE TOTAL MEDICARE SHORTFALL FOR 2014 WAS $27,738,904

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	CENTRA RECOGNIZES THAT MEDICAL EXPENSES ARE OFTEN UNEXPECTED AND CAUSE FINANCIAL HARDSHIP ALL ACCOUNTS WITH SELF PAY BALANCES WILL FOLLOW THE SAME COLLECTION PROTOCOLS THESE PROTOCOLS ARE ELECTRONICALLY ADMINISTERED THROUGH CENTRA'S HOSPITAL INFORMATION SYSTEM WHEN AN ACCOUNT REACHES THE END OF THE SYSTEM GENERATED COLLECTION CYCLE AND MEETS SAID CRITERIA, THE ACCOUNT BALANCE WILL BE PROCESSED AS BAD DEBT AND REPORTED TO A COLLECTION AGENCY CRITERIA FOR BAD DEBT WILL BE APPLIED CONSISTENTLY REGARDLESS OF AGE, RACE, OR RELIGION CENTRA APPLIES UNIFORM COLLECTION PROTOCOLS TO ALL UNPAID ELIGIBLE CHARGES REGARDLESS OF RACE, SEX, AGE, DISABILITY, NATIONAL ORIGIN OR RELIGION PATIENTS KNOWN BY CENTRA TO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT SUBJECT TO COLLECTION PROTOCOLS IF DURING COLLECTION PROTOCOLS, OR AFTER REFERRAL TO AN OUTSIDE COLLECTION AGENCY, IT IS DISCOVERED PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY, INCLUDING ANY AND ALL EXTRAORDINARY COLLECTION EFFORT, IS IMMEDIATELY STOPPED FINANCIAL ASSISTANCE FOR ELIGIBLE CHARGES IS AVAILABLE TO ALL CENTRA PATIENTS WHO QUALIFY BASED ON ESTABLISHED INCOME AND ASSET CRITERIA

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT AS A NONPROFIT HEALTH CARE SYSTEM, CENTRA IS LED BY A BOARD OF DIRECTORS OF REGIONAL COMMUNITY LEADERS KNOWLEDGEABLE ABOUT THE HEALTH CARE NEEDS OF THE POPULATION CENTRA ENCOURAGES ITS EXECUTIVE TEAM AND EMPLOYEES TO BE AN INTEGRAL PART OF COMMUNITY ORGANIZATIONS, NOT ONLY TO OFFER ADVICE AND SERVICE, BUT ALSO TO BETTER UNDERSTAND AND RECOGNIZE THE NEEDS OF THE REGIONAL COMMUNITY IN 2013, CENTRA COMPLETED THE 2013 - 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN TO MEASURE THE HEALTH NEEDS OF CENTRAL VIRGINIA RESIDENTS SERVED AT CENTRA LYNCHBURG GENERAL HOSPITAL, CENTRA VIRGINIA BAPTIST HOSPITAL AND CENTRA SOUTHSIDE COMMUNITY HOSPITAL THE CENTRA FOUNDATION PROVIDED FUNDING FOR THE DETAILED REPORT, WHICH IDENTIFIES THE HEALTH NEEDS AND PRIORITIES FOR THE COMMUNITIES SERVED BY CENTRA THE ASSESSMENT INCLUDES THE 182,146 PEOPLE LIVING IN THE GREATER LYNCHBURG COMMUNITY, INCLUDING THE CITY OF LYNCHBURG AND BEDFORD, CAMPBELL, AMHERST, APPOMATTOX, AND NELSON COUNTIES IN ADDITION, CENTRA STUDIED THE HEALTH NEEDS OF THE REGION SURROUNDING CENTRA SOUTHSIDE COMMUNITY HOSPITAL, WHICH SERVES PRINCE EDWARD, BUCKINGHAM, LUNENBURG, CUMBERLAND, CHARLOTTE AND NOTTOWAY COUNTIES THE REGION HAS A POPULATION OF 92,106 THE CUMULATIVE REPORT OFFERS A STATISTICALLY RELIABLE SNAPSHOT OF THE COMMUNITY'S HEALTH AND PROVIDES A WEALTH OF INFORMATION TO GUIDE THE CENTRA FOUNDATION IN ITS GRANT FUNDING EFFORTS EXPERTS SAY CLINICAL CARE INFLUENCES ONLY ABOUT 20% OF THE HEALTH OF A COMMUNITY OTHER INFLUENCES INCLUDE SOCIAL AND ENVIRONMENTAL FACTORS SUCH AS EDUCATION, EMPLOYMENT AND INCOME LEVELS (40%), HEALTH STATUS AND BEHAVIORS SUCH AS DIET, SMOKING AND EXERCISE (30%), AND PHYSICAL ENVIRONMENT FACTORS SUCH AS AIR/WATER QUALITY, HOUSING AND ACCESS TO TRANSPORTATION (10%) THROUGH THE CHNA, CENTRA EXAMINED THESE AREAS AND IDENTIFIED OPPORTUNITIES TO MAKE CLINICAL SERVICES MORE RESPONSIVE TO COMMUNITY NEED AND TO COLLABORATE WITH OTHER LIKE-MINDED ORGANIZATIONS TO IMPROVE THE OTHER FACTORS THAT AFFECT THE HEALTH OF THE COMMUNITY THE INFORMATION GLEANED CAN SUPPORT THE STRATEGIC PLAN, ENSURE CENTRA'S LONG-RANGE PLANS ARE RESPONSIVE AND HELP GUIDE THE AWARDING OF COMMUNITY GRANTS CENTRA ALSO HAS A COMMUNITY ADVISORY BOARD FROM DIVERSE DEMOGRAPHIC BACKGROUNDS COMPRISED OF REPRESENTATIVES AND LEADERS FROM THE BUSINESS, EDUCATION, GOVERNMENT, SOCIAL SERVICES, RELIGIOUS AND OTHER COMMUNITIES HEALTH CARE NEEDS AND REQUESTS ALSO ARE ASSESSED THROUGH FOCUS GROUPS, AND SURVEYS OF COMMUNITY RESIDENTS AND CIVIC LEADERS AS WELL AS HOSPITAL AND HEALTH CARE SYSTEM PATIENTS CENTRA ALSO TEAMS UP WITH AGENCIES AND ORGANIZATIONS TO STUDY COMMUNITY NEEDS AND PROPOSE THE BEST SOLUTIONS CENTRA'S COMMUNITY EDUCATION COMMITTEE CONSISTS OF OVER 30 COMMUNITY EDUCATORS WHO ARE MAKING CONTINUOUS CONTACTS IN THE REGION AND REPORTING BACK TO THE MONTHLY COMMITTEE MEETING THE PHYSICIAN ADVISORY BOARD CONSISTS OF OVER 10 COMMUNITY PHYSICIANS WHO MEET QUARTERLY TO DISCUSS COMMUNITY NEEDS AND PLAN TO FULFILL THE NEED IN ADDITION, A CALL CENTER RECEIVES CALLS AND REPORTS TO THE MARKETING DEPARTMENT FOR ADDITIONAL REQUESTS FROM THE COMMUNITY CENTRAHEALTH COM PROVIDES CONSTANT FEEDBACK FROM THE COMMUNITY, WHICH IS ADDRESSED IMMEDIATELY SURVEYS ARE CONDUCTED AT EVERY COMMUNITY EVENT ON WHICH THE COMMUNITY IS ABLE TO OFFER FEEDBACK

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

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A SERVICE AREA OF 473,347 PEOPLE CENTRA'S PRIMARY SERVICE AREA (PSA) INCLUDES THE CITIES OF LYNCHBURG AND BEDFORD, AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD, CAMPBELL, AND PITTSYLVANIA CENTRA'S SECONDARY SERVICE AREA (SSA) INCLUDES THE COUNTIES OF BUCKINGHAM, CHARLOTTE, HALIFAX, NELSON, AND PRINCE EDWARD THE POPULATION FOR THE TOTAL SERVICE AREA IS 473,347, WITH AN ETHNIC MIX OF 35% BLACK AND 60 8% WHITE THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 18 52% IT IS PROJECTED THAT BY 2020, THIS SAME AGE RANGE OF 65 PLUS WILL ACCOUNT FOR 20 74% OF THE TOTAL PSA/SSA POPULATION THE AVERAGE HOUSEHOLD INCOME IN THE PSA/SSA IS $46,182 THE CURRENT UNEMPLOYMENT RATE IS APPROXIMATELY 5 7% FOR THIS SERVICE AREA CENTRA PROMOTES THE NECESSITY OF HAVING A CULTURALLY SENSITIVE WORKFORCE AND PROVIDES AN OVERVIEW OF THE POPULATION MIX FOR ORIENTATION OF NEW EMPLOYEES CENTRA HOSTS WORKSHOPS ON CULTURAL COMPETENCE, PROVIDES REFERENCE BOOKS FOR EACH PATIENT CARE AREA AND PROVIDES A LESSON ON CULTURAL DIVERSITY AS PART OF YEARLY MANDATORY EDUCATION THERE ARE ALSO CHAPLAINS AVAILABLE WITH EXPERIENCE AND TRAINING TO SUPPORT CLINICAL STAFF WHO MIGHT HAVE NEEDS WITH CULTURALLY SENSITIVE ISSUES

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH IN ADDITION TO HEALTH EDUCATION PROGRAMS AND RESOURCES, CENTRA USES ITS HOSPITAL-BASED DEPARTMENTS TO IMPLEMENT NEW WAYS TO IMPROVE HEALTH CARE FOR THE REGION HERE ARE THREE EXAMPLES (1) CENTRA STARTED THE FIRST NATIONALLY CERTIFIED PROGRAM TO HELP PEOPLE RECEIVING TREATMENT AND CANCER SURVIVORS AS THEY HEAL AND RECOVER WITH THIS PROGRAM, CALLED STAR, CANCER PATIENTS AND SURVIVORS CAN LESSEN PAIN, WEAKNESS, FATIGUE, DEPRESSION AND MEMORY LOSS THAT CAN OCCUR WITH CANCER (2) CENTRA ESTABLISHED ITS PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) IS IN THE LYNCHBURG AND FARMVILLE AREAS TO OFFER ADULTS 55 YEARS OF AGE AND OLDER MEDICAL CARE AND EDUCATION THAT ALLOWS THEM TO STAY IN THEIR OWN HOMES WITH LONG-TERM CARE EXPERTISE GAINED THROUGH HOSPITAL-BASED CENTERS, CENTRA PROFESSIONALS FOCUS ON DISEASE PREVENTION, INTERVENTION AND WELLNESS THE PROGRAM IS BASED ON THE KNOWLEDGE OF PROFESSIONALS WHO ADVOCATE THAT IT IS BETTER FOR SENIORS WITH CHRONIC CARE NEEDS AND THEIR FAMILIES TO BE SERVED IN THE COMMUNITY FOR AS LONG AS IT IS MEDICALLY SAFE COMPREHENSIVE SERVICES ARE DELIVERED BY AN INTERDISCIPLINARY TEAM OF PROFESSIONALS, INCLUDING A PRIMARY CARE PHYSICIAN, REGISTERED NURSES, REHABILITATION THERAPISTS, DIETITIANS AND RECREATION/ACTIVITY STAFF (3) CENTRA HAS LEVERAGED ITS HIGH-BANDWIDTH CONNECTIVITY ACROSS FACILITIES AND PHYSICIAN PRACTICES TO IMPROVE THE HEALTH OF THE POPULATION THROUGH THE SHARING OF MEDICAL RECORDS WITH THIS CONNECTIVITY, CENTRA ALSO IS ABLE TO ESTABLISH A CLINICAL REPOSITORY THAT CAN BE MINED TO PERFORM TRUE POPULATION-BASED ANALYTICS

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM WHETHER BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES, ENHANCING HEALTH OR PROVIDING NEEDED REGIONAL PROGRAMS AND SUPPORT, CENTRA SERVES AS A KEY PARTNER IN MANAGING AND PROMOTING HEALTH CARE THROUGHOUT ITS SYSTEM TO ENSURE CARE TO THE REGIONAL COMMUNITIES IT SERVES DISEASE PREVENTION, TREATMENT AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES TO THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND PROGRAMS, CENTRA EXPANDS ITS HOSPITAL WALLS TO OFFER NATIONAL AWARD WINNING HEALTH CARE FOR ITS PATIENTS WHILE SEEKING TO ENHANCE THE HEALTH AND WELLNESS OF RESIDENTS IN ITS SERVICE AREA AS THE REGIONAL HEALTH CARE LEADER, CENTRA BRINGS A CONTINUOUS FLOW OF HEALTH CARE SERVICES DESIGNED TO ENSURE THAT PATIENTS RECEIVE CARE THAT MEETS THEIR IDENTIFIED NEED PATIENT CARE ENCOMPASSES WELLNESS AND PREVENTION, RECOGNITION OF DISEASE AND HEALTH PROBLEMS, PATIENT TEACHING, PATIENT ADVOCACY, SPIRITUALITY, AND RESEARCH THROUGHOUT THE CONTINUUM THIS CARE IS DELIVERED THROUGH ORGANIZED AND SYSTEMATIC PROCESSES DESIGNED TO ENSURE SAFE, EFFECTIVE AND TIMELY CARE AND TREATMENT DUE TO THE WAY THE HEALTH CARE SYSTEM MANAGES CARE, CENTRA CONTINUES TO MOVE TO A HIGHER LEVEL BY EVALUATING SPECIFIC PATIENT OUTCOMES AND PARTICIPATING IN VOLUNTARY NATIONAL CERTIFICATION PROGRAMS THAT EXAMINE PROCESSES AND PROFICIENCY CENTRA IS A MAJOR PARTNER IN THE HEALTH OF ITS REGIONAL POPULATION AND TAKES GREAT PRIDE IN PROVIDING THE FACILITIES, RESOURCES, EXPERTISE, AND PEOPLE TO IMPROVE THE HEALTH AND WELLNESS OF THE PEOPLE OF CENTRAL VIRGINIA FOR EXAMPLE, CENTRA HAS BEEN INSTRUMENTAL IN ESTABLISHING AND SUPPORTING MEDICAL CLINICS FOR THE UNDERSERVED POPULATION THESE INCLUDE SERVICES FOR PREGNANT WOMEN AND CHILDREN WHO OTHERWISE MAY NOT RECEIVE CRITICAL PREVENTIVE CARE CENTRA ALSO DONATES LABORATORY TESTING, RADIOLOGY SERVICES AND EQUIPMENT MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS FROM CENTRA PRACTICES AND EXPERTS IN LONG-TERM CARE AND REHABILITATION, OFFER PROFESSIONAL HEALTH EDUCATION CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS THE HEALTH CARE SYSTEM ALSO PARTNERS WITH COMMUNITY ORGANIZATIONS TO CO-SPONSOR DOZENS OF REGIONAL EVENTS IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND OTHER CENTRA PROFESSIONALS PROVIDE ONE-ON-ONE HEALTH COUNSELING AND EDUCATION FOR HOSPITAL AND SYSTEM PATIENTS THE HEALTH CARE SYSTEM OFFERS A HEALTH CARE CAREERS CAMP FOR TEENAGERS STUDENTS GAIN HANDS-ON EXPERIENCE, ENJOY A TOUR OF THE HOSPITAL'S HELICOPTER AND HANGAR AND ARE EXPOSED TO MANY CAREER OPPORTUNITIES CENTRA DISTRIBUTES A WEALTH OF PRINTED AND ONLINE HEALTH INFORMATION THROUGH ITS PUBLICATIONS, MEDIA STORIES AND INTERACTIVE WEBSITE THIS INFORMATION IS PRODUCED SPECIFICALLY FOR THE REGIONAL POPULATION AND TO MEET IDENTIFIED NEEDS AS THE SOLE HEALTH CARE SYSTEM IN ITS SERVICE AREA, CENTRA USES ITS HOSPITAL-BASED RESOURCES AS A VALUABLE VEHICLE FOR MANAGING AND PROMOTING HEALTH CARE AS PART OF ITS NONPROFIT MISSION

Additional Data

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
MAMMOGRAPHY CENTER-TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG,VA 24502	Mammography Center
MAMMOGRAPHY CENTER-TATE SPRINGS 1900 TATE SPRINGS ROAD SUITE 1 LYNCHBURG,VA 24501	Mammography Center
CENTRA ALAN B PEARSON CANCER CENTER 1701 THOMSON DRIVE LYNCHBURG,VA 24501	Mammography Center
CENTRA LAB PHLEBOTOMY CENTER 1900 TATE SPRINGS ROAD SUITE 9 LYNCHBURG,VA 24501	Mammography Center
GUGGENHEIMER HEALTH & REHABILITATION CEN 1902 GRACE STREET LYNCHBURG,VA 24504	Mammography Center
FAIRMONT CROSSING HEALTH & REHBILATION C 173 BROCKMAN PARK DRIVE AMHERST,VA 24521	Mammography Center
SUMMIT HEALTH & REHABILITATION CENTER 1300 ENTERPRISE DRIVE LYNCHBURG,VA 24502	Mammography Center
SUMMIT ASSISTED LIVING 1320 ENTERPRISE DRIVE LYNCHBURG,VA 24502	Mammography Center
CENTRA HOSPICE-LYNCHBURG 2097 LANGHORNE ROAD LYNCHBURG,VA 24501	Mammography Center
CENTRA HOSPICE HOUSE 4413 BOONESBORO ROAD LYNCHBURG,VA 24503	Mammography Center
CENTRA PACE 407 FEDERAL STREET LYNCHBURG,VA 24504	Mammography Center
PIEDMONT PSYCHIATRIC CENTER 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	Mammography Center
BRIDGES TREATMENT CENTER 693 LEESVILLE ROAD LYNCHBURG,VA 245022828	Mammography Center
BRIDGES AT BRIGHTWELL 1410 KENTMORE FARM RD MADISON HEIGHTS,VA 24572	Mammography Center
ALTAVISTA MEDICAL CENTER 1280A MAIN STREET ALTAVISTA,VA 24517	Mammography Center

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

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
BROOKNEAL MEDICAL CENTER 104 CAROLINA AVENUE PO BOX 120 BROOKNEAL,VA 24528	Mammography Center
CENTRA MEDICAL GROUP - DANVILLE 404 AIRPORT ROAD SUITE C DANVILLE,VA 24540	Mammography Center
GRETNA MEDICAL CENTER 1220 WEST GRETNA ROAD GRETNA,VA 24557	Mammography Center
LYNCHBURG INTERNAL MEDICINE 1901 THOMSON DRIVE LYNCHBURG,VA 24501	Mammography Center
VILLAGE PRACTICE - MONETA 4830 RUCKER RD MONETA,VA 24121	Mammography Center
CENTER FOR PAIN MANAGEMENT 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	Mammography Center
WOUND CARE CENTER 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	Mammography Center
CMG UROLOGY CENTER 2542 LANGHORNE ROAD LYNCHBURG,VA 24501	Mammography Center
CMG UROLOGY CENTER-Oak Vassar Office 1330 Oak Lane Suite 203 LYNCHBURG,VA 24503	Mammography Center
CMG UROLOGY CENTER-Danville 173 EXECUTIVE DRIVE DANVILLE,VA 24540	Mammography Center
CMG UROLOGY CENTER-Bedford 1613 Oakwood St Ste 202 Bedford,VA 24523	Mammography Center
MEDICAL & SURGICAL SPECIALISTS 173 EXECUTIVE DRIVE DANVILLE,VA 24540	Mammography Center
DOMINION PRIMARY CARE 110 EXCHANGE STREET SUITE F DANVILLE,VA 24540	Mammography Center
CMG WOMENS CENTER 2007 GRAVES MILL ROAD FOREST,VA 24551	Mammography Center
LIBERTY UNIVERSITY HEALTH SERVICES 1971 UNIVERSITY BLVD LYNCHBURG,VA 24502	Mammography Center

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

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

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
JAMERSON YMCA REHAB CENTER 801 WYNDHURST DRIVE LYNCHBURG,VA 24502	Mammography Center
CARDIOVASCULAR SURGERY 2410 ATHERHOLT ROAD LYNCHBURG,VA 24501	Mammography Center
STROOBANTS CARDIOVASCULAR CENTER- MAIN O 2410 ATHERHOLT ROAD LYNCHBURG,VA 24501	Mammography Center
STROOBANTS CARDIOVASCULAR CENTER- BEDFOR 1613 OAKWOOD AVENUE BEDFORD,VA 24523	Mammography Center
STROOBANTS CARDIOVASCULAR CENTER- FARMVI 900 WEST THIRD STREET FARMVILLE,VA 23901	Mammography Center
STROOBANTS CARDIOVASCULAR CENTER- MONETA 1039 MAYBERRY CROSSING DRIVE SUITE MONETA,VA 24121	Mammography Center
STROOBANTS CARDIOVASCULAR CENTER- GRETNA 1220 WEST GRETNA ROAD GRETNA,VA 24557	Mammography Center
STROOBANTS CARDIOVASCULAR CENTER- DANVIL 173 EXECUTIVE DRIVE DANVILLE,VA 24540	Mammography Center
CENTRA HEALTH EMERGENCY PHYSICIANS 1901 TATE SPRINGS ROAD LYNCHBURG,VA 245011167	Mammography Center
CENTRAL VIRGINIA IMAGING LLC 113 NATIONWIDE DRIVE LYNCHBURG,VA 24502	Mammography Center
SURGERY CENTER OF LYNCHBURG LLC 2401 ATHERHOLT ROAD LYNCHBURG,VA 24501	Mammography Center
REHAB & GERIATRIC SERVICES 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	Mammography Center
Breast Imaging Center 3300 RIVERMONT AVENUE LYNCHBURG,VA 24503	Mammography Center
Pathways Treatment Center 3300 Rivermont Avenue Lynchburg,VA 24503	Mammography Center
Rivermont School-Chase City 633 N Main Street Chase City,VA 23924	Mammography Center

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
Rivermont School- Dan River 4058 Franklin Turnpike Danville, VA 24540	Mammography Center
Rivermont School- Roanoke 1354 8th Street Roanoke, VA 24015	Mammography Center
Rivermont School-Hampton 303 Butler Farm Road Suite 100 Hampton, VA 23666	Mammography Center
Rivermont School-Tidewater 5163 Cleveland Street Virginia Beach, VA 23462	Mammography Center
Rivermont School-Alleghany Highlands 331 West Main Street Covington, VA 24426	Mammography Center
Rivermont School-Rockbridge 35 Magnolia Square Suite 7 Lexington, VA 24450	Mammography Center
Rivermont School Lynchburg 3024 Forest Hills Circle Lynchburg, VA 24501	Mammography Center
Rivermont School Fredricksburg 30 Pulte Dr Fredricksburg, VA 22406	Mammography Center
Rivermont School Greater Petersburg 12318 Boydton Plank Road Dinwiddie, VA 23841	Mammography Center
Neuroscience Center-Farmville 800 Oak Street Farmville, VA 23901	Mammography Center
Lynchburg Family Medicine Center 2323 Memorial Avenue Suite 10 Lynchburg, VA 24501	Mammography Center
CMG - Big Island 10961 Lee Jackson Highway Big Island, VA 24526	Mammography Center
CMG - PrimeCare Main 130 Enterprise Drive Danville, VA 24540	Mammography Center
CMG - PrimeCare East 404 Airport Drive Suite A Danville, VA 24540	Mammography Center
VILLAGE NORTH 1613 Oakwood Street Suite 202 BEDFORD, VA 24523	Mammography Center

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
LYNCHBURG EMPLOYEE CLINIC 901 CHURCH STREET LYNCHBURG,VA 24504	Mammography Center
Bedford Medical 171 W MAIN STREET BEDFORD,VA 24523	Mammography Center
CMG Plastic Surgery Center 1330 Oak Lane Suite 100 Lynchburg,VA 24503	Mammography Center
CMG Neurology 2025 Tate Springs Road Lynchburg,VA 24501	Mammography Center

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 15

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

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

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

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRA HEALTH FOUNDATION1920 ATHERHOLT ROAD LYNCHBURG,VA 24501	54-1604094	501(C)(3)	585,149		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHNSON HEALTH CENTER 320 FEDERAL STREET LYNCHBURG,VA 24504	54-1287905	501(C)(3)	160,000		N/A	N/A	RENTAL CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACADEMY OF FINE ARTS 600 MAIN STREET 12th Floor LYNCHBURG,VA 24504	23-7061145	501(C)(3)	100,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMAZEMENT SQUARE27 9TH STREET LYNCHBURG,VA 24504	54-1713204	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMAZING GRACE BAPTIST CHURCH2012 GRACE STREET LYNCHBURG,VA 24504	27-0660703	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AVERETT UNIVERSITY (NURSING TECHNOLOGY LAB)420 WEST MAIN STREET 12th Floor DANVILLE,VA 24541	54-0129860	501(C)(3)	75,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL VA FNDN FOR ECONOMIC EDUCATION & IMPROVEME2015 MEMORIAL AVENUE Suite 201 LYNCHBURG,VA 24501	54-1255814	501(C)(3)	50,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIAMOND HILL BAPTIST CHURCH1415 GRACE STREET 12th Floor LYNCHBURG,VA 24504	54-1225949	501(C)(3)	7,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH OUTREACH ASSOCIATION701 CLAY STREET PO BOX 1125 LYNCHBURG,VA 24505	54-1214253	501(C)(3)	19,479		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LYNCHBURG COLLEGE BBB GERONTOLOGY1501 LAKESIDE DRIVE LYNCHBURG,VA 24501	54-0505922	501(C)(3)	250,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LYNCHBURG HUMANE SOCIETY1211 OLD GRAVES MILL RD LYNCHBURG,VA 24502	54-0570901	501(C)(3)	50,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL SOCIETY OF VIRGINIA2924 EMERYWOOD PARKWAY STE 300 RICHMOND,VA 23294	52-1394768	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONETA RESCUE SQUAD 12646 N OLD MONETA ROAD MONETA,VA 24121	54-1118203	501(C)(3)	50,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWN OF FARMVILLE116 NORTH MAIN STREET FARMVILLE,VA 23901	54-6001272	GOVT	75,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF CENTRAL VIRGINIA1010 MILLER PARK SQUARE LYNCHBURG,VA 24501	54-0505923	501(C)(3)	25,000		N/A	N/A	CHARITABLE CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIRGINIA'S REGION 2000 ECONOMIC DEVELOP COUNCIL828 MAIN STREET 12TH FL LYNCHBURG,VA 24504	54-1859984	501(C)(6)	30,000		N/A	N/A	CHARITABLE CONTRIBUTION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	W MICHAEL BRYANT, FORMER CENTRA HEALTH PRESIDENT & CHIEF EXECUTIVE OFFICER, RECEIVED A SEVERANCE PAYMENT DURING 2014 IN THE AMOUNT OF $695,000, INCLUDED IN HIS TAXABLE INCOME
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED RETIREMENT PLAN DURING FY 2014 THE AMOUNT WAS INCLUDED IN THEIR W-2 WAGES NAME TITLE AMOUNT OF PAYOUT DAVID ADAMS CHIEF STRATEGY OFFICER $ 43,275 LEWIS ADDISON CENTRA SR VP & CFO $ 77,928 PATTI MCCUE CENTRA SR VP, PATIENT CARE SERVICES $ 48,636 THOMAS NYGAARD CENTRA SR VP & CMO $ 97,245 E W TIBBS CENTRA PRESIDENT & CEO $ 44,210 JANICE WALKER CENTRA SVP CHIEF ADMIN OFFICER $ 24,595 THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED RETIREMENT PLAN IN FY 2014 NAME TITLE AMOUNT DEFERRED DAVID ADAMS CHIEF STRATEGY OFFICER $ 52,763 LEWIS ADDISON CENTRA SR VP & CFO NONE PATTI MCCUE CENTRA SR VP, PATIENT CARE SERVICES NONE THOMAS NYGAARD CENTRA SR VP & CMO $ 59,198 E W TIBBS CENTRA PRESIDENT & CEO $110,908 JANICE WALKER CENTRA SVP CHIEF ADMIN OFFICER $ 21,783

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 EW TIBBS, PRESIDENT/CEO	(I)	614,804	82,498	87,582	118,708	37,521	941,113	44,210
	(II)	0	0	0	0	0	0	0
1 LEWIS C ADDISON, TREASURER & SENIOR VP/CFO	(I)	415,160	41,390	98,287	7,800	23,106	585,743	77,928
	(II)	0	0	0	0	0	0	0
2 DAVID D ADAMS, SECRETARY/EVP, CSO	(I)	411,819	35,000	51,553	60,563	17,320	576,255	43,275
	(II)	0	0	0	0	0	0	0
3 VERNA R SELLERS MD, DIRECTOR	(I)	237,689	19,000	1,006	5,914	6,261	269,870	0
	(II)	0	0	0	0	0	0	0
4 DANIEL CAREY MD, SVP/CHIEF MEDICAL OFFICER	(I)	405,351	33,333	18,458	7,800	39,001	503,943	0
	(II)	0	0	0	0	0	0	0
5 MICHAEL I ELLIOTT, SVP/CHIEF OPERATING OFFICER	(I)	234,473	10,450	2,014	7,237	32,689	286,863	0
	(II)	0	0	0	0	0	0	0
6 PATTI S MCCUE SCED, SVP/CHIEF NURSING OFFICER	(I)	296,467	30,380	79,354	7,800	6,401	420,402	48,636
	(II)	0	0	0	0	0	0	0
7 THOMAS W NYGAARD MD, SVP/CHIEF MEDICAL OFFICER	(I)	438,401	43,283	117,707	66,998	10,658	677,047	97,245
	(II)	0	0	0	0	0	0	0
8 JANICE H WALKER, SVP/CHIEF ADMIN OFFICER	(I)	252,200	11,880	30,452	29,545	27,474	351,551	24,595
	(II)	0	0	0	0	0	0	0
9 DAVID W FRANTZ MD, MD CARDIOVASCULAR	(I)	637,068	25,000	140,584	7,800	33,232	843,684	0
	(II)	0	0	0	0	0	0	0
10 THEOFILOS MACHINIS MD, MD NEUROSURGERY	(I)	804,063	0	756	7,800	19,996	832,615	0
	(II)	0	0	0	0	0	0	0
11 DILANTHA ELLEGALA MD, MD NEUROSURGERY	(I)	717,733	0	19,084	7,800	34,326	778,943	0
	(II)	0	0	0	0	0	0	0
12 CHAD A HOYT MD, MD CARDIOVASCULAR	(I)	656,124	40,200	18,688	7,800	45,045	767,857	0
	(II)	0	0	0	0	0	0	0
13 MATTHEW C SACKETT MD, MD CARDIOVASCULAR	(I)	640,761	40,000	18,724	7,800	33,415	740,700	0
	(II)	0	0	0	0	0	0	0
14 W MICHAEL BRYANT, FORMER PRESIDENT/CEO	(I)	0	0	690,825	0	17,540	708,365	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	999999999	12-17-2010	30,000,000	NEW CONSTRUCTION & EQUIPMENT 2010		X		X		X
B	INDUSTRIAL DEVEL AUTH OF COUNTY OF CAMPBELL VA	52-1309406	999999999	04-27-2007	7,500,000	NEW CONSTRUCTION COUNTY OF CAMPBE		X		X		X
C	INDUSTRIAL DEVEL AUTHO OF THE TOWN OF AMHERST	54-1804155	999999999	06-29-2007	8,000,000	NEW CONSTRUCTION (TOWN OF AMHERST)		X		X		X
D	INDUSTRIAL DEVEL AUTH OF COUNTY OF APPOMATTOX	54-1864523	999999999	11-29-2007	7,500,000	NEW CONSTRUCTION (COUNTY OF APPOMA		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,036,403	2,088,339	2,228,939	1,930,628
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	30,223,487	7,500,000	8,000,000	7,500,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	185,914	50,000	60,000	60,000
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	30,037,573	7,450,000	7,940,000	7,440,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2008	2008	2007

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part II, Line 3	2004 SERIES B, C, F BONDS - ISSUE PRICE $126,425,000 TOTAL PROCEEDS OF ISSUE INCLUDES INTERST EARNINGS INDUSTRIAL DEVELOPMENT AUTH OF CITY OF LYNCHBURG, VA BOND - ISSUE PRICE $30,000,000 TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST EARNINGS

Return Reference	Explanation
PART IV, LINE 2c	CENTRA HEALTH SERIES 2004 B, C, F BONDS DATE OF REPORT - 4/8/2009 A REBATE CALCULATION WAS PERFORMED ON APRIL 8, 2009 FOR THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL AUCTION RATE SECURITIES REFUNDING REVENUE BONDS NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THIS SERIES 2004 B-F BOND ISSUE CENTRA HEALTH SERIES 2004 A, D, E, BONDS DATE OF REPORT - 4/23/2010 A REBATE CALCULATION WAS PERFORMED ON APRIL 23, 2010 FOR THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL AUCTION RATE SECURITIES REFUNDING REVENUE BONDS NO FURTHER CALCULATIONS SHOULD BE REQUIRED FOR THIS SERIES 2004 A, D & E REISSUED BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	551245GN7	12-08-2004	126,425,000	2004 B,C,F BONDS NEW CONST / CURRE		X		X		X
B	INDUSTRIAL DEVEL AUTH OF COUNTY OF CAMPBELL VA	54-1225193	551245HA4	09-29-2009	78,950,000	2004 A,D,E BONDS CURRENT REFUNDING		X		X		X
C	ECONOMIC DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	999999999	09-10-2014	79,895,000	2014 A, B BONDS NEW CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	45,973,243	7,900,000	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	129,698,243	78,950,000	79,895,000	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	10,049,028	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	905,203	0	443,536	
8	Credit enhancement from proceeds	3,198,000	0	0	
9	Working capital expenditures from proceeds	0	0	25,000,000	
10	Capital expenditures from proceeds	101,772,759	0	0	
11	Other spent proceeds	10,500,010	78,950,000	0	
12	Other unspent proceeds	0	0	54,451,464	
13	Year of substantial completion	2007	2007		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No

Total	▶ $	0			

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LYNCHBURG PULMONARY ASSOCIATES	SEE PART V	1,193,616	SEE PART V		No
(2) ORTHOPAEDIC CTR OF CENTRAL VIRGINIA	SEE PART V	644,313	SEE PART V		No
(3) JAMERSON-LEWIS CONSTRUCTION	SEE PART V	3,880,504	SEE PART V		No
(4) MARK C ADDISON	SEE PART V	33,355	SEE PART V		No
(5) MARK A MCKINNEY	SEE PART V	118,675	SEE PART V		No
(6) JACK E WALKER	SEE PART V	86,901	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV	BUSINESS TRANSACTIONS (A) NAME OF PERSON LYNCHBURG PULMONARY ASSOCIATES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER ALBERT BAKER, MD IS PARTIAL OWNER OF LYNCHBURG PULMONARY ASSOCIATES (C) AMOUNT OF TRANSACTION $1,193,616 (D) DESCRIPTION OF TRANSACTION PAYMENTS FOR COVERAGE OF PATIENTS IN CRITICAL CARE UNITS RENDERED TO CENTRA HEALTH, INC IN LYNCHBURG, VA (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER H C ESCHENROEDER, JR, MD, IS SHAREHOLDER OF ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA (C) AMOUNT OF TRANSACTION $644,313 (D) DESCRIPTION OF TRANSACTION PAYMENT FOR MEDICAL SERVICES RENDERED TO CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON JAMERSON-LEWIS CONSTRUCTION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION BOARD MEMBER TERRY H JAMERSON'S HUSBAND IS PARTIAL OWNER OF JAMERSON-LEWIS CONSTRUCTION (C) AMOUNT OF TRANSACTION $3,880,504 (D) DESCRIPTION OF TRANSACTION PAYMENT FOR CONSTRUCTION CONTRACTING SERVICES TO CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON MARK C ADDISON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF LEWIS ADDISON, OFFICER OF CENTRA HEALTH, INC (C) AMOUNT OF TRANSACTION $33,355 (D) DESCRIPTION OF TRANSACTION COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON MARK A MCKINNEY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF E W TIBBS, OFFICER OF CENTRA HEALTH, INC (C) AMOUNT OF TRANSACTION $118,675 (D) DESCRIPTION OF TRANSACTION COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO (A) NAME OF PERSON JACK E WALKER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JANICE H WALKER, KEY EMPLOYEE OF CENTRA HEALTH, INC (C) AMOUNT OF TRANSACTION $86,901 (D) DESCRIPTION OF TRANSACTION COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC (E) SHARING OF ORGANIZATION REVENUES? NO

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation	
	Form 990, Part III, Line 4a	AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC 'S COMMITMENT TO THE CENTRAL VIRGIN IA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES CENTRA HEALTH, INC (CENTRA) HAS BEEN BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING L IVES AND ENHANCING HEALTH FOR OVER 25 YEARS, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOL ADES FOR ITS QUALITY OF CARE HOWEVER, JUST AS IMPORTANT IS CENTRA'S COMMITMENT AND DEDICA TION TO SERVING AS A PARTNER IN THE REGIONAL COMMUNITIES DISEASE PREVENTION AND HEALTH ED UCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES THROUGHOUT THE REGION FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND EDUCATIONAL PROGRAMS, CENTRA IS COMMITTED TO PROV IDING THE BEST HEALTH CARE FOR ITS PATIENTS AND IMPROVING THE HEALTH AND WELLNESS OF ALL T HE RESIDENTS OF CENTRAL VIRGINIA CENTRA'S COMMUNITY EVENTS, OFFERED IN COLLABORATION WITH THE CENTRA HEALTH FOUNDATION AND THE CENTRA MEDICAL STAFF, IS JUST ONE EXAMPLE OF CENTRA' S MANY SERVICES TO THE COMMUNITY IN ADDITION, CENTRA EMPLOYEES DEDICATE THEMSELVES TO IMP ROVING THE HEALTH AND WELLBEING OF THE COMMUNITY BY TAKING AN ACTIVE ROLE IN THE REGION, F ROM VOLUNTEERING FOR LOCAL BOARDS AND CIVIC AND COMMUNITY ORGANIZATIONS TO PARTICIPATING I N COMMUNITY EVENTS AND STAFFING HEALTH AND WELLNESS FAIRS CENTRA IS A MAJOR PARTNER IN TH E HEALTH OF THE REGION AND TAKES GREAT PRIDE IN PROVIDING FACILITIES, RESOURCES AND EXPERT ISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA IN 2014, CEN TRA HELD MANY NATIONAL AWARDS AND ACCOLADES -THE AMERICAN NURSES CREDENTIALING CENTER RE- DESIGNATED CENTRA LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AS MAGNET FACILITIES WH ICH RECOGNIZE EXCELLENCE IN NURSING CENTRA WAS THE FIRST HEALTHCARE SYSTEM IN CENTRAL VIR GINIA TO ACHIEVE MAGNET STATUS IN 2005 -THE CENTRA COLLEGE OF NURSING MAINTAINS THEIR APP ROVAL AND CERTIFICATION OF THE COLLEGE OF NURSING BY THE VIRGINIA BOARD OF NURSING AND IS CERTIFIED TO OPERATE BY THE STATE COUNCIL OF HIGHER EDUCATION AND IS A MEMBER OF THE NATIO NAL ORGANIZATION FOR ASSOCIATE DEGREE IN NURSING -THE LYNCHBURG GENERAL HOSPITAL SCHOOL O F NURSING DIPLOMA PROGRAM HAS MAINTAINED FULL ACCREDITATION FROM THE NATIONAL LEAGUE OF NU RSING ACCREDITATION COUNCIL -CENTRA LYNCHBURG GENERAL, SOUTHSIDE COMMUNITY AND VIRGINIA B APTIST HOSPITALS ARE THREE OF THE TOP 100 MOST WIRED HOSPITALS IN THE COUNTRY ACCORDING TO HOSPITALS & HEALTH NETWORKS MAGAZINE CENTRA HAS ALSO RECEIVED A NATIONAL VIP AWARD FROM MCKESSON TECHNOLOGY SOLUTIONS FOR ITS USE OF INFORMATION TECHNOLOGY TO ACHIEVE OUTSTANDING RESULTS IN HEALTH CARE DELIVERY -CENTRA CANCER CARE SERVICES HAS TWICE EARNED FULL ACCRE DITATION WITH COMMENDATION AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM FROM THE AMERICAN C OLLEGE OF SURGEONS COMMISSION ON CANCER -CENTRA BREAST CANCER SERVICES HAS TWICE EARNED N ATIONAL ACCREDITATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS -CENTRA' S BREAST IMAGING CENTER HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE A MERICAN COLLEGE OF RADIOLOGY (ARC) FOR ITS DEDICATION TO IMPROVING WOMEN'S HEALTH AND FOR BEING FULLY ACCREDITED BY THE ARC IN MAMMOGRAPHY, BIOPSY AND ULTRASOUND -CENTRA HAS BEEN SELECTED SIX TIMES AS A 50 TOP CARDIOVASCULAR HOSPITAL IN AMERICA AND IS ONE OF ONLY THREE HOSPITALS IN VIRGINIA TO RECEIVE THIS NATIONAL HONOR FOR OUTSTANDING CARDIOVASCULAR PERFO RMANCE -CENTRA LYNCHBURG GENERAL HOSPITAL'S CHEST PAIN CENTER MAINTAINS THEIR INTERNATION AL ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS FOR ACHIEVING A HIGH LEVEL OF EXPE RTISE IN CARING FOR PATIENTS WHO ARRIVE WITH SYMPTOMS OF A HEART ATTACK -CENTRA STROOBANT S HEART CENTER HAS BEEN AWARDED THE HIGHEST RATING BY THE SOCIETY OF THORACIC SURGEON FOR QUALITY IN CARDIAC SURGERY CENTRA IS THE ONLY HEALTH CARE SYSTEM IN VIRGINIA TO HAVE RECE IVED A RATING EVERY YEAR SINCE ITS INCEPTION -CENTRA HAS RECEIVED RE-CERTIFICATION FOR IT S TREATMENT OF ACUTE MYOCARDIAL INFARCTION (HEART ATTACK) PATIENTS FROM THE JOINT COMMISSI ON THE NATIONAL CERTIFICATION ONCE AGAIN SHOWS THAT CENTRA EXCEEDS NATIONAL STANDARDS AND GUIDELINES THAT BRING HEART ATTACK CARE EXCELLENCE -CENTRA LYNCHBURG GENERAL HOSPITAL IS A LEVEL II TRAUMA CENTER, OFFERING 24-HOUR, COMPREHENSIVE EMERGENCY CARE AND TRANSPORTATI ON SERVICES, INCLUDING AIR MEDICAL TRANSPORT BY THE STATE-OF-THE-ART HELICOPTER, CENTRA ON E -CENTRA LYNCHBURG GENERAL HOSPITAL HAS AGAIN EARNED THE JOINT COMMISSION'S NATIONAL CER TIFICATE OF DISTINCTION FOR PRIMARY STROKE CENTERS AND WAS THE FIRST HOSPITAL IN CENTRAL, SOUTHSIDE AND WESTERN VIRGINIA TO EARN THIS HONOR IN 2010 -CENTRA LYNCHBURG GENERAL HOSPI TAL HAS RECEIVED THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD WHICH RECOGNIZES THE COMMIT MENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE BY ENSURING THAT STROKE PATIENTS RECEIVE T REATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARD

Return Reference	Explanation	
	Form 990, Part III, Line 4a	S AND RECOMMENDATIONS -THE CENTRA JOINT REPLACEMENT CENTER'S TOTAL HIP AND TOTAL KNEE REP LACEMENT PROGRAMS ARE NATIONALLY CERTIFIED BY THE JOINT COMMISSION -CENTRA'S CENTER FOR W OUND CARE AND HYPERBARIC MEDICINE HAS RECEIVED A THREE-YEAR RE-ACCREDITATION FROM THE UNDE RSEA & HYPERBARIC MEDICAL SOCIETY AND IS ONE OF FIVE ACCREDITED CENTERS IN VIRGINIA -CENT RA'S INTERMEDIATE CARE UNIT NURSING TEAM IS THE FIRST IN VIRGINIA TO RECEIVE THE BEACON AW ARD FOR QUALITY OF CARE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES -CENTRA LYN CHBURG GENERAL HOSPITAL RECEIVED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION'S MAP AWARD F OR HIGH PERFORMANCE IN REVENUE CYCLE AS A NATIONAL AWARD WINNER, CENTRA LYNCHBURG GENERAL HOSPITAL HAS MET STRINGENT EVALUATION CRITERIA ADDRESSING CRITICAL PERFORMANCE FACTORS SU CH AS REVENUE CYCLE PROCESSES, FINANCIAL PERFORMANCE, INNOVATION, ADOPTION OF PATIENT FRIE NDLY BILLING PRINCIPLES, AND PATIENT SATISFACTION -CENTRA LYNCHBURG GENERAL HOSPITAL HAS EARNED NATIONAL RECOGNITION FOR EXCELLENCE IN TREATING PATIENTS WITH A HEART ATTACK THE A CCREDITATION PROGRAM - SPONSORED BY THE AMERICAN HEART ASSOCIATION AND THE SOCIETY OF CHES T PAIN CENTERS - RECOGNIZES CENTERS THAT MEET OR EXCEED QUALITY OF CARE MEASURES FOR PEOPL E EXPERIENCING THE MOST SEVERE TYPE OF HEART ATTACK -CENTRA'S ALAN B PEARSON REGIONAL CA NCER CENTER RECEIVED THE ADVANCED CERTIFICATION FOR PALLIATIVE CARE FROM THE JOINT COMMISS ION PALLIATIVE CARE IS SPECIALIZED MEDICAL CARE FOCUSED ON PROVIDING PATIENTS WITH RELIEF FROM SYMPTOMS, PAIN, AND STRESS OF A SERIOUS ILLNESS - WHATEVER THE DIAGNOSIS THE GOAI I S TO IMPROVE QUALITY OF LIFE FOR BOTH THE PATIENT AND THE FAMILY -CENTRA'S ALAN B PEARSO N REGIONAL CANCER CENTER HAS RECEIVED THE NATIONAL OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER COLLEGE OF SURGEONS CENTRA IS ONE OF A SELECT GROUP OF U S HEALTH C ARE FACILITIES WITH ACCREDITED CANCER PROGRAMS TO RECEIVE THIS NATIONAL HONOR FROM SURVEYS PERFORMED LAST YEAR 2014 COMMUNITY BENEFIT HIGHLIGHTS -CENTRA CONTRIBUTED MORE THAN $66 MILLION TOWARD UNPAID COST OF PATIENT CARE, INCLUDING, BUT NOT LIMITED TO -TRADITIONAL CH ARITY CARE, WHICH INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY DURING 2014, $37,728,686 OF CHARGES AT AN ESTIMATED COST OF $18,116,290 WAS PROVIDED TO PATIENTS OF CENTRA THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY ASSISTANCE FO CUSES ON INCOME LEVELS SET BY THE STATE OF VIRGINIA THESE POLICIES CALL FOR PROVIDING CAR E FREE OF CHARGE TO PATIENTS WHO DEMONSTRATE A FAMILY INCOME BELOW OR EQUAL TO 200 PERCENT OF THE STATE APPROVED POVERTY GUIDELINE PATIENTS WHO HAVE A FAMILY INCOME OF GREATER THA N 200 PERCENT TO 400 PERCENT OF THE POVERTY LEVEL ARE ELIGIBLE FOR PARTIAL ASSISTANCE BASE D ON A DISCOUNT SCHEDULE THAT CONSIDERS BOTH FAMILY GROSS INCOME AND ACCOUNT BALANCE ASSI STANCE IS PROVIDED BY CENTRA AND FROM INDIGENT FUNDS MADE AVAILABLE BY CENTRA HEALTH FOUND ATION -UNPAID COSTS OF MEDICARE, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICARE FOR C ARE RENDERED TO MEDICARE PATIENTS, AND TOTALED $27,738,904 -UNPAID COSTS OF MEDICAID, WHI CH REFLECTS THE COST NOT REIMBURSED BY MEDICAID FOR CARE RENDERED TO MEDICAID PATIENTS, AN D TOTALED $20,137,064 COMMUNITY EDUCATION & HEALTH SCREENINGS CENTRAL VIRGINIANS BENEFIT FROM QUALITY HEALTH EDUCATION OPPORTUNITIES AND SCREENINGS, THANKS TO THE PARTNERSHIP BETW EEN CENTRA AND THE CENTRA HEALTH FOUNDATION INCLUDED BELOW IS A LIST OF SELECTED ACCOMPLI SHMENTS AND COMMUNITY SUPPORT CENTRA PROVIDED IN 2014 AS A COMMUNITY PARTNER CENTRA EMPLO YEES CONTINUALLY OFFER PROFESSIONAL HEALTH EDUCATION PROGRAMS, CLASSES, LECTURES, SEMINARS , HEALTH FAIRS AND HEALTH SCREENINGS THROUGHOUT THE REGION IN ADDITION, DIETITIANS, DIABE TIC INSTRUCTORS AND MANY OTHER PROFESSIONALS AT CENTRA PROVIDE "ONE-ON-ONE' PERSONALIZED E DUCATION IN 2014, OVER 550 HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MORE THAN 4 1,000 INDIVIDUALS WITHIN THE COMMUNITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER AUGUSTUS PETTICOLAS, JR, IS OFFICER AND DIRECTOR OF THE BANK OF THE JAMES BOARD MEMBER JULIE DOYLE AND OFFICER LEWIS ADDISON ARE EACH BOARD MEMBERS OF THE BANK OF THE JAMES, LYNCHBURG, VA OFFICERS LEWIS ADDISION AND E W TIBBS ARE EACH BOARD MEMBERS OF CENTRAL VIRGINIA IMAGING KEY EMPLOYEE MICHAEL ELLIOTT IS AN OFFICER AND DIRECTOR OF CENTRAL VIRGINIA IMAGING, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC OFFICERS DAVID ADAMS AND E W TIBBS ARE BOTH OFFICERS AND DIRECTORS OF THE BOARD OF PIEDMONT COMMUNITY HEALTH PLAN OFFICERS LEWIS ADDISON AND AMY RAY ARE BOARD MEMBERS OF PIEDMONT COMMUNITY HEALTH PLAN BOARD MEMBER MICHAEL BRADFORD IS A BOARD MEMBER OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES AND BYLAWS WERE AMENDED AS OF JULY 1, 2014, CENTRA HEALTH, INC BECAME SOLE MEMBER OF BEDFORD MEMORIAL HOSPITAL AND THEREFORE HAS THE POWER TO ELECT/APPROVE THE BOARD OF DIRECTORS OF BEDFORD'S GOVERNING BODY AND APPROVE DECISIONS MADE BY BEDFORD'S BOARD

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT CENTRA PROVIDED ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS WITH A COPY OF THE FORM 990 PRIOR TO ITS FILING

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	CENTRA HAS ESTABLISHED A COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS PLUS THREE ADDITIONAL MEMBERS OF CENTRA'S BOARD OF DIRECTORS ALL FOUR MEMBERS MEET THE IRS FORM 990 INDEPENDENCE DEFINITION MEMBERS OF THIS COMMITTEE REVIEW RELEVANT SALARY AND BENEFIT DATA FROM VARIOUS SOURCES AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF CENTRA'S BOARD OF DIRECTORS WITH RESPECT TO THE SALARY RANGE AND BENEFITS FOR THE CEO THE EXECUTIVE COMMITTEE REVIEWS AND HAS FINAL APPROVAL OF THE CEO'S COMPENSATION THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR THE REVIEW AND APPROVAL OF SALARY RANGES AND ADJUSTMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES OF CENTRA, BASED ON THE RECOMMENDATIONS MADE BY THE CEO METHODS USED TO DETERMINE SALARY RANGES AND ADJUSTMENTS INCLUDE, BUT ARE NOT LIMITED TO, INDEPENDENT COMPENSATION CONSULTANT(S) AS WELL AS THIRD PARTY COMPENSATION SURVEYS AND/OR STUDIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	JOINT VENTURE POLICY - CENTRA HEALTH, INC ADOPTED A JOINT VENTURE POLICY, IN 2014, WHICH REQUIRES 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

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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES Total Mgmt Program OTHER 104,278 - 104,278 PURCHASED & CONTRACTED SVCS 40,251,695 12,510,464 27,741,231 PROFESSIONAL FEES 25,756,807 273,400 25,483,407 ---------- -- TOTAL 66,112,780 12,783,864 53,328,916

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN PENSION REPORTING (26,210,464) CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT (6,764,641) NET ASSETS RELEASED FROM RESTICTIONS TO AFFILIATED ENTITIES (223,796) MINORITY INTEREST 3,927 TOTAL TO FORM 990, PART XI, LINE 9 (33,194,974)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 104278

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 40251695

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 25756807

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTRA HEALTH INDEMNITY COMPANY LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 27-0927253	CAPTIVE INSUR	VT	4,003,478	20,916,162	CENTRA HEALT
(2) CENTRAL VIRGINIA HOSPITAL FOR RESTORATIV 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	9,460,598	2,544,102	CENTRA HEALT
(3) CENTRA MEDICAL GROUP LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-3639329	PHYSICIAN SVC	VA	60,907,390	30,573,080	CENTRA HEALT
(4) CENTRA PANORAMIC LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-1812326	WELLNESS CNTR	VA	43,462	461,185	CENTRA HEALT

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SOUTHSIDE COMMUNITY HOSPITAL 800 OAK STREET FARMVILLE, VA 23901 54-0555201	HEALTHCARE	VA	501(C)(3)	LINE 3	NA	Yes	
(2) CCRC INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1929580	HEALTHCARE	VA	501(C)(3)	LINE 11A, I	NA	Yes	
(3) CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1604094	SUPPORTING OR	VA	501(C)(3)	LINE 11A, I	NA	Yes	
(4) Bedford Memorial Hospital 1613 OAKWOOD STREET BEDFORD, VA 24523 54-0566100	HEALTHCARE	VA	501(C)(3)	LINE 3	NA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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) NONE												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GENERAL BUSINESS CONCERNS INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1299682	REAL ESTATE-PHYSI	VA	NA	C CORP	716,960	2,999,240	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTRA HEALTH FOUNDATION	b	585,149	BOOK VALUE
CENTRA HEALTH FOUNDATION	c	1,514,837	BOOK VALUE
CENTRA HEALTH FOUNDATION	p	1,161,422	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL	b	210,887	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL	d	378,740	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL	q	2,000,000	BOOK VALUE
CCRC INC	q	100,075	BOOK VALUE
GENERAL BUSINESS CONCERNS INC	k	329,378	BOOK VALUE
BEDFORD MEMORIAL HOSPITAL	q	750,000	BOOK VALUE