

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 523,170,813 including grants of \$ 897,430) (Revenue \$ 596,372,105)

AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC.'S COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES. CENTRA HEALTH, INC.

(CENTRA) HAS BEEN BRINGING BABIES IN THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR OVER 25 YEARS, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE.

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 523,170,813.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower, and compensation policies.

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS W NYGAARD MD DIRECTOR	50.00 0	X		X				397,632.	0	56,033.
(2) KIRSTEN HUBER MD DIRECTOR	2.00 50.00	X						0	246,199.	15,075.
(3) KENNETH S. WHITE CHAIRMAN OF THE BOARD	2.00 0	X		X				0	0	0
(4) ALBERT M BAKER MD DIRECTOR	2.00 0	X						0	0	0
(5) MICHAEL V BRADFORD DIRECTOR	2.00 0	X						0	0	0
(6) REV WILLIAM COLEMAN DIRECTOR	2.00 0	X						0	0	0
(7) ROBERT D COOK MD DIRECTOR	50.00 0	X						312,052.	0	22,620.
(8) MICHAEL DIMINICK MD DIRECTOR	2.00 0	X						0	0	0
(9) JULIE P DOYLE DIRECTOR	2.00 0	X						0	0	0
(10) RODGER W FAUBER DIRECTOR	2.00 0	X						0	0	0
(11) STUART C FAUBER DIRECTOR	2.00 0	X						0	0	0
(12) LAURA L HAMILTON DIRECTOR	2.00 0	X						0	0	0
(13) SHARON L HARRUP DIRECTOR	2.00 0	X						0	0	0
(14) TERRY H JAMERSON DIRECTOR	2.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEPHEN C KEITH EDD DIRECTOR	2.00 0	X					0	0	0	
(16) AUGUSTUS A PETTICOLAS JR DDS DIRECTOR	2.00 0	X					0	0	0	
(17) CHARLES W PRYOR JR PHD DIRECTOR	2.00 0	X					0	0	0	
(18) AMY G RAY VICE CHAIRMAN OF THE BOARD	2.00 0	X		X			0	0	0	
(19) MARC A SCHEWEL DIRECTOR	2.00 0	X					0	0	0	
(20) WALKER P SYDNOR DIRECTOR	2.00 0	X					0	0	0	
(21) CHRIS THOMSON MD PRESIDENT-MEDICAL STAFF	50.00 0	X					354,959.	0	44,300.	
(22) J SCOTT WADE MD DIRECTOR	2.00 0	X					0	0	0	
(23) R SACKETT WOOD DIRECTOR	2.00 0	X					0	0	0	
(24) CONSUELLA K WOODS DIRECTOR	2.00 0	X					0	0	0	
(25) W MICHAEL BRYANT PRESIDENT/CEO UNTIL APRIL 2013	50.00 0	X		X			1,130,080.	0	78,829.	
1b Sub-total							709,684.	246,199.	93,728.	
c Total from continuation sheets to Part VII, Section A							11,805,065.	0	990,394.	
d Total (add lines 1b and 1c)							12,514,749.	246,199.	1,084,122.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **335**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **33**

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			
(26) E W TIBBS PRESIDENT/CEO AS OF APRIL 2013	50.00 0	X		X				572,733.	0	155,212.
(27) LEWIS C ADDISON TREASURER & SENIOR VP/CFO	50.00 0			X				685,482.	0	76,136.
(28) DAVID D ADAMS SECRETARY/SR VP & CSO	50.00 0			X				405,836.	0	88,784.
(29) PETER K. O'BRIEN MD: CARDIOVASCULAR	50.00 0				X			615,016.	0	46,523.
(30) CHAD A HOYT MD MD: CARDIOVASCULAR	50.00 0				X			707,649.	0	49,741.
(31) JAMES G WARNER MD MD: CARDIOVASCULAR	50.00 0				X			444,695.	0	23,658.
(32) MATTHEW C SACKETT MD MD: CARDIOVASCULAR	50.00 0				X			691,266.	0	40,086.
(33) BRIAN SCHIETINGER MD MD: CARDIOVASCULAR	50.00 0				X			612,047.	0	28,009.
(34) PATTI S MCCUE SCED SR VP-PATIENT CARE SVCS	50.00 0				X			484,058.	0	43,203.
(35) DAVID W FRANTZ MD MD: CARDIOVASCULAR	50.00 0				X			657,875.	0	34,166.
(36) MARK D TOWNSEND MD MD: CARDIOVASCULAR	50.00 0				X			352,704.	0	35,347.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **335**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 2,287,484					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,090,215					
	g Noncash contributions included in lines 1a-1f \$		---				
	h Total. Add lines 1a-1f		3,377,699				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code 621400	572,011,695	562,407,022	9,604,673		
	b ANCILLARY SERVICES	900099	13,183,168	13,183,168			
	c TUITION & EDUCATION	611600	15,426,953	15,426,953			
	d CONTROLLED ENTITIES	900099	1,536,341	1,536,341			
	e MEANINGFUL USE	900099	3,818,621	3,818,621			
	f All other program service revenue						
	g Total. Add lines 2a-2f		605,976,778				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,614,674			12,614,674
4 Income from investment of tax-exempt bond proceeds			0				
5 Royalties			0				
6a Gross rents		(i) Real	2,408,097				
		(ii) Personal					
		b Less rental expenses	1,894,862				
c Rental income or (loss)		513,235					
d Net rental income or (loss)			513,235			513,235	
7a Gross amount from sales of assets other than inventory		(i) Securities	742,250,292				
		(ii) Other	313,034				
		b Less cost or other basis and sales expenses	713,140,057	204,053			
		c Gain or (loss)	29,110,235	108,981			
d Net gain or (loss)			29,219,216			29,219,216	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a CAFETERIA/VENDING/DIETARY	722210	2,474,849			2,474,849		
b SUBSIDIARY MGMT FEE	541610	220,212			220,212		
c _____							
d All other revenue							
e Total. Add lines 11a-11d		2,695,061					
12 Total revenue. See instructions		654,396,663	596,372,105	9,604,673	45,042,186		

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	654,396,663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,561,497.
3	Revenue less expenses Subtract line 2 from line 1	3	57,835,166.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	410,779,654.
5	Net unrealized gains (losses) on investments	5	6,383,350.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-4,629,580.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	54,290,637.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	524,659,227.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
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	X
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	X

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

CENTRA HEALTH, INC

Employer identification number

54-0715569

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2012 Schedule A, Part III, line 17; 19a 33 1/3% support tests - 2013; 19b 33 1/3% support tests - 2012; 20 Private foundation.

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

Name of organization CENTRA HEALTH, INC	Employer identification number 54-0715569
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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-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
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-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns for (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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).

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

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."

Table with columns for Yes/No. Rows include: 1 Dues, assessments and similar amounts from members. 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. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

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

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

OTHER LOBBYING ACTIVITIES:

PART II-B, LN 1(I)

ATTENDANCE AT VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION 2013

LEGISLATIVE ISSUES CONFERENCES (REGISTRATION EXPENSES, HOTEL, TRAVEL, & MEALS): \$ 803.

A PORTION OF THE ORGANIZATION'S HOSPITAL ASSOCIATION DUES FOR 2013 WERE ATTRIBUTABLE TO LOBBYING EXPENSES. THIS AMOUNT WAS \$ 27,184.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, and monitoring. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, a, b regarding reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2013

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?

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

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21?

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment 2.1400%
b Permanent endowment 67.0300%
c Temporarily restricted endowment 30.8300%

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

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

Table with 2 columns: Yes, No. Rows 3a(i) unrelated organizations, 3a(ii) related organizations.

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

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)	"	
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED PAYABLES TO 3RD PARTY PAY	11,362,479.
(3) PHYSICIAN RECRUITMENT LIABILITY	752,350.
(4) CURRENT INSTALLMENTS DUE TO SCH	842,622.
(5) ACCRUED INTEREST PAYABLE	144,152.
(6) INTEREST RATE SWAP AGREEMENT	14,855,261.
(7) PENSION LIABILITY	22,138,122.
(8) ESTIMATED LIABILITY FOR UNPAID CLAI	12,911,000.
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	63,005,986.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 1A

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

ENDOWMENT

PART V, LINE 4

THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE FOUNDATION HAS A POLICY OF REQUESTING FOR DISTRIBUTION EACH YEAR EITHER NET INCOME OF THE ASSET OR A PERCENTAGE OF THE ASSETS AVERAGE FAIR VALUE WHICH RESULTS IN AN AVERAGE NET CASH DISTRIBUTION OF 2.4% OF TOTAL ASSETS. ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 4.3% ANNUALLY. THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

SCHEDULE D, PART X, LINE 2

CENTRA HEALTH, INC., CENTRA HEALTH FOUNDATION, CCRC, INC., AND SOUTHSIDE COMMUNITY HOSPITAL INC., ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO INCOME TAXES HAVE BEEN PROVIDED FOR THESE ENTITIES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS EXCEPT FOR TAXES RELATED TO CERTAIN UNRELATED BUSINESS INCOME ENGAGED IN BY CENTRA.

CENTRA MEDICAL GROUP LLC, CENTRA HEALTH CARDIOVASCULAR SERVICES LLC, CENTRA HEALTH EMERGENCY SERVICES LLC, CENTRA HEALTH INDEMNITY COMPANY LLC, AND CENTRAL VIRGINIA HOSPITAL FOR RESTORATIVE AND REHABILITATIVE CARE LLC, ARE DISREGARDED FOR FEDERAL INCOME TAX PURPOSES AND THEREFORE ARE INCLUDED UNDER CENTRA'S TAX RETURN.

CENTRA HAS ADOPTED RELEVANT ACCOUNTING STANDARDS RELATED TO TAXES FOR ITS SUBSIDIARY, GENERAL BUSINESS CONCERNS, INC. UNDER THE ASSET AND LIABILITY METHOD FOR THESE STANDARDS, DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASIS OF THE SUBSIDIARY'S ASSETS AND LIABILITIES AT INCOME TAX RATES EXPECTED TO BE IN EFFECT WHEN SUCH AMOUNTS ARE REALIZED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN EARNINGS IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE.

CENTRA HEALTH INDEMNITY COMPANY LLC IS WHOLLY OWNED BY CENTRA HEALTH, INC. ANY LIABILITY FOR TAXES ARE PASSED THROUGH TO CENTRA HEALTH, INC. A PROVISION WILL BE MADE WHEN OPERATIONS OF THIS SUBSIDIARY INDICATES A LIABILITY FOR TAXES.

Part XIII Supplemental Information *(continued)*

CENTRA HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2013. CENTRA BELIEVES THEY ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2010.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ Attach to Form 990 ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

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	X	
1b If "Yes," was it a written policy?	X	
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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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 eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,340,755.		20,340,755.	3.41
b Medicaid (from Worksheet 3, column a)			92,224,054.	66,168,668.	26,055,386.	4.37
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			112,564,809.	66,168,668.	46,396,141.	7.78
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			465,480.		465,480.	.08
f Health professions education (from Worksheet 5)			12,917,253.	6,584,898.	6,332,355.	1.06
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,402,964.		1,402,964.	.24
j Total Other Benefits			14,785,697.	6,584,898.	8,200,799.	1.38
k Total Add lines 7d and 7j.			127,350,506.	72,753,566.	54,596,940.	9.16

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 X	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,498,543.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

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

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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	50.00000		50.00000
2 CENTRAL VIRGINIA IMA	IMAGING SERVICES	50.00000		50.00000
3 THE SURGERY CENTER O	OUTPATIENT SURGERY	50.00000	1.00000	49.00000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-Other	Other (describe)	Facility reporting group
1 LYNCHBURG GENERAL HOSPITAL 1901 TATE SPRINGS ROAD LYNCHBURG VA 24501	X	X					X			
2 VIRGINIA BAPTIST HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	X	X								
3 CENTRA SPECIALTY HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	X								LONG TERM ACUTE CARE	
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group LYNCHBURG GENERAL HOSPITAL

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA. <u>20 1 3</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.CENTRAHEALTH.COM</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group VIRGINIA BAPTIST HOSPITAL

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

Table with columns for question numbers (1-8c), Yes, and No. Contains questions about CHNA (Community Health Needs Assessment) and excise taxes.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CENTRA SPECIALTY HOSPITAL

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 8c regarding Community Health Needs Assessment (CHNA) with checkboxes for 'Yes' and 'No'.

Part V Facility Information (continued)

Financial Assistance Policy		LYNCHBURG GENERAL HOSPITAL	Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used		X	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used		X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		X	
a	<input checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" type="checkbox"/> Medicaid/Medicare			
g	<input checked="" type="checkbox"/> State regulation			
h	<input type="checkbox"/> Residency			
i	<input type="checkbox"/> Other (describe in Section C)			
13	Explained the method for applying for financial assistance?		X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available on request			
g	<input type="checkbox"/> Other (describe in Section C)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged			X
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			

Part V Facility Information (continued)

Financial Assistance Policy		VIRGINIA BAPTIST HOSPITAL		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?			X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 2 0 0 % If "No," explain in Section C the criteria the hospital facility used			X	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 4 0 0 % If "No," explain in Section C the criteria the hospital facility used			X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)			X	
a	<input checked="" type="checkbox"/> Income level				
b	<input checked="" type="checkbox"/> Asset level				
c	<input checked="" type="checkbox"/> Medical indigency				
d	<input checked="" type="checkbox"/> Insurance status				
e	<input checked="" type="checkbox"/> Uninsured discount				
f	<input checked="" type="checkbox"/> Medicaid/Medicare				
g	<input checked="" type="checkbox"/> State regulation				
h	<input type="checkbox"/> Residency				
i	<input type="checkbox"/> Other (describe in Section C)				
13	Explained the method for applying for financial assistance?			X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website				
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices				
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms				
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices				
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility				
f	<input checked="" type="checkbox"/> The policy was available on request				
g	<input type="checkbox"/> Other (describe in Section C)				
Billing and Collections					
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?			X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP				
a	<input type="checkbox"/> Reporting to credit agency				
b	<input type="checkbox"/> Lawsuits				
c	<input type="checkbox"/> Liens on residences				
d	<input type="checkbox"/> Body attachments				
e	<input type="checkbox"/> Other similar actions (describe in Section C)				
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged				X
a	<input type="checkbox"/> Reporting to credit agency				
b	<input type="checkbox"/> Lawsuits				
c	<input type="checkbox"/> Liens on residences				
d	<input type="checkbox"/> Body attachments				
e	<input type="checkbox"/> Other similar actions (describe in Section C)				

Part V Facility Information (continued)

Financial Assistance Policy		CENTRA SPECIALTY HOSPITAL	Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Section C the criteria the hospital facility used		X	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Section C the criteria the hospital facility used		X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		X	
a	<input checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" type="checkbox"/> Medicaid/Medicare			
g	<input checked="" type="checkbox"/> State regulation			
h	<input type="checkbox"/> Residency			
i	<input type="checkbox"/> Other (describe in Section C)			
13	Explained the method for applying for financial assistance?		X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available on request			
g	<input type="checkbox"/> Other (describe in Section C)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged			X
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			

Part V Facility Information (continued) LYNCHBURG GENERAL HOSPITAL

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		X
If "No," indicate why			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21	X
If "Yes," explain in Section C			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22	X
If "Yes," explain in Section C			

Part V Facility Information (continued) VIRGINIA BAPTIST HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Section C			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Section C			

Part V Facility Information (continued) CENTRA SPECIALTY HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		X
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Section C)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		X
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		X

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 3:

CENTRA ORGANIZED TWO COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY ADVISORY BOARDS - ONE FOR THE LYNCHBURG REGION AND ONE FOR THE FARMVILLE REGION. THESE CHNA COMMUNITY ADVISORY BOARDS WERE COMPRISED OF COMMUNITY LEADERS REPRESENTING EDUCATION, BUSINESS, SOCIAL SERVICE AGENCIES, GOVERNMENT, PUBLIC HEALTH AUTHORITIES, COLLEGES (INCLUDING OUR LOCAL SCHOOL OF PUBLIC HEALTH), OTHER HEALTHCARE PROVIDERS, AND NEIGHBORHOOD CITIZEN ORGANIZATIONS IN AN EFFORT TO OBTAIN AS BROAD-BASED COMMUNITY INPUT AS POSSIBLE. PARTICIPANTS INCLUDED ORGANIZATIONS THAT REPRESENT THE NEEDS OF MEDICALLY UNDERSERVED, LOW INCOME, OR MINORITY POPULATIONS. THE LIST OF INDIVIDUAL PARTICIPANTS IS LISTED ON THE LAST PAGE OF THE CHNA ASSESSMENT & IMPLEMENTATION PLAN REPORT.

PART V, SECTION B, LINE 4:

THE ORGANIZATION'S CHNA WAS CONDUCTED WITH THE FOLLOWING FACILITIES: LYNCHBURG GENERAL HOSPITAL, VIRGINIA BAPTIST HOSPITAL, AND CENTRA SPECIALTY HOSPITAL.

PART V, SECTION B, LINE 5D:

HARD COPIES OF THE CHNA ASSESSMENT & IMPLEMENTATION PLAN WERE SENT TO ALL CHNA COMMUNITY ADVISORY BOARD MEMBERS.

PART V, SECTION B, LINE 7:

TWO OF THE TOP TEN COMMUNITY HEALTH INDICATOR NEEDS WERE IDENTIFIED AS NOT FITTING WITHIN OUR PRIORITIZED STRATEGIC PLANS: FAMILIES LIVING BELOW THE POVERTY LEVEL AND ACCESS TO HEALTH INSURANCE. OUR RATIONALE

Part V Facility Information *(continued)*

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

FOR NOT INCLUDING THESE TWO INDICATORS AS PRIORITIZED NEEDS INCLUDED A SENSE THAT BOTH OF THESE CRITICAL NEEDS WERE HIGHLY COMPLEX IN NATURE AND AFFECTED BY A WIDE VARIETY OF INFLUENCING FACTORS - MANY WELL BEYOND THE CAPABILITY AND RESOURCES AVAILABLE THROUGH CENTRA AND/OR ITS COLLABORATING PARTNERS. FURTHERMORE WITH RESPECT TO THE ACCESS TO HEALTH INSURANCE INDICATOR, WE FELT THE FULL IMPLEMENTATION OF THE AFFORDABLE CARE ACT IN CY 2014 WOULD SERVE TO ADDRESS MUCH OF THIS NEED.

PART V, SECTION B, LINE 19D: (POLICY RELATING TO EMERGENCY MEDICAL CARE)
 FACILITY: CENTRA SPECIALITY HOSPITAL
 CENTRA SPECIALITY HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT DUE TO THE NATURE OF THE HOSPITAL'S SERVICES.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 62

Name and address	Type of Facility (describe)
1 MAMMOGRAPHY CENTER-TIMBERLAKE TIMBERLAKE ROAD LYNCHBURG VA 24502	MAMMOGRAPHY CENTER
2 MAMMOGRAPHY CENTER-TATE SPRINGS 1900 TATE SPRINGS ROAD, SUITE 1 LYNCHBURG VA 24501	MAMMOGRAPHY CENTER
3 CENTRA ALAN B. PEARSON CANCER CENTER 1701 THOMPSON DRIVE LYNCHBURG VA 24501	CANCER CENTER
4 CENTRA LAB PHLEBOTOMY CENTER 1900 TATE SPRINGS ROAD, SUITE 9 LYNCHBURG VA 24501	LAB SERVICES
5 GUGGENHEIMER HEALTH & REHABILITATION CTR 1902 GRACE STREET LYNCHBURG VA 24504	NURSING HOME
6 FAIRMONT CORSSING HEALTH & REHAB CENTER 173 BROCKMAN PARK DRIVE AMHERST VA 24521	NURSING HOME
7 SUMMIT HEALTH & REHABILITATION CENTER 1300 ENTERPRISE DRIVE LYNCHBURG VA 24502	NURSING HOME
8 SUMMIT ASSISTED LIVING 1320 ENTERPRISE DRIVE LYNCHBURG VA 24502	ASSISTED LIVING
9 CENTRA HOSPICE-LYNCHBURG 2097 LANGHORNE ROAD LYNCHBURG VA 24501	HOSPICE CARE
10 CMG UROLOGY CENTER-BEDFORD 1613 OAKWOOD ST, SUITE 202 BEDFORD VA 24523	UROLOGY

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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? _____

Name and address	Type of Facility (describe)
1 CENTRA PACE 407 FEDERAL STREET LYNCHBURG VA 24504	CARE FOR ELDERLY
2 PIEDMONT PSYCHIATRIC CENTER 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	MENTAL HEALTH
3 BRIDGES TREATMENT CENTER 693 LEESVILLE ROAD LYNCHBURG VA 24502	MENTAL HEALTH
4 BRIDGES AT BRIGHTWELL 1410 KENTMORE FARM RD MADISON HEIGHTS VA 24572	MENTAL HEALTH
5 ALTAVISTA MEDICAL CENTER 1280A MAIN STREET ALTAVISTA VA 24517	FAMILY PRACTICE
6 BROOKNEAL MEDICAL CENTER 104 CAROLINA AVE, PO BOX 120 BROOKNEAL VA 24528	FAMILY PRACTICE
7 CENTRA MEDICAL GROUP - DANVILLE 404 AIRPORT ROAD, SUITE C DANVILLE VA 24540	ORTHOPADICS, PHYSICAL THERAPY, OCCUPATIONAL REHAB
8 GRETNA MEDICAL CENTER 1220 WEST GRETNA ROAD GRETNA VA 24557	INTERNAL MEDICINE, CARDIOLOGY, REHAB
9 LYNCHBURG INTERNAL MEDICINE 1901 THOMSON DRIVE LYNCHBURG VA 24501	INTERNAL MEDICINE
10 LYNCHBURG EMPLOYEE CLINIC 901 CHURCH STREET LYNCHBURG VA 24504	EMPLOYEE WELLNESS CLINIC

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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? _____

Name and address	Type of Facility (describe)
1 CENTER FOR PAIN MANAGEMENT 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	PAIN MANAGEMENT
2 WOUND CARE CENTER 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	WOUND CARE
3 CMG UROLOGY CENTER 2542 LANGHORNE ROAD LYNCHBURG VA 24501	UROLOGY
4 CMG UROLOGY CENTER-OAK VASSAR OFFICE 1330 OAK LANE, SUITE 203 LYNCHBURG VA 24503	UROLOGY
5 CMG UROLOGY CENTER-DANVILLE 173 EXECUTIVE DRIVE DANVILLE VA 24540	UROLOGY
6 STROOBANTS CARDIOVASCULAR CENTER-MAIN OF 2410 ATHERHOLT ROAD LYNCHBURG VA 24501	CARDIOLOGY CENTER
7 MEDICAL & SURGICAL SPECIALISTS 173 EXECUTIVE DRIVE DANVILLE VA 24540	UROLOGY, NEUROSURGERY, PLASTICS, CARDIOLOGY, ETC CARDIOLOGY, ETC.)
8 DOMINION PRIMARY CARE 110 EXCHANGE SREET, SUITE F DANVILLE VA 24540	FAMILY PRACTICE
9 CMG WOMENS CENTER 2007 GRAVES MILL ROAD FOREST VA 24551	WOMEN'S HEALTH SERVICES
10 LIBERTY UNIVERSITY HEALTH SERVICES 1971 UNIVERSITY BLVD. LYNCHBURG VA 24502	FAMILY PRACTICE

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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? _____

Name and address	Type of Facility (describe)
1 JAMERSON YMCA REHAB CENTER 801 WYNDHURST DRIVE LYNCHBURG VA 24502	REHAB CENTER
2 CARDIOVASCULAR SURGERY 2410 ATHERHOLT ROAD LYNCHBURG VA 24501	CARDIOVASCULAR SURGERY
3 STROOBANTS CARDIOVASCULAR CENTER-BEDFORD 1613 OAKWOOD AVENUE BEDFORD VA 24523	CARDIOLOGY CENTER
4 STROOBANTS CARDIOVASCULAR CENTER-FARMVIL 900 WEST THIRD STREET FARMVILLE VA 23901	CARDIOLOGY CENTER
5 STROOBANTS CARDIOVASCULAR CENTER-MONETA 1039 MAYBERRY CROSSING DR, SUITE C MONETA VA 24121	CARDIOLOGY CENTER
6 STROOBANTS CARDIOVASCULAR CENTER-GRETNA 1220 WEST GRETNA ROAD GRETNA VA 24557	CARDIOLOGY CENTER
7 STROOBANTS CARDIOVASCULAR CENTER-DANVILL 173 EXECUTIVE DRIVE DANVILLE VA 24540	CARDIOLOGY CENTER
8 PATHWAYS TREATMENT CENTER 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	DRUG & ALCOHOL TREATMENT CENTER
9 CENTRA HEALTH EMERGENCY PHYSICIANS 1901 TATE SPRINGS ROAD LYNCHBURG VA 24501	EMERGENCY PHYSICIANS
10 REHAB & GERIATRIC SERVICES 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	DRS. PROVIDE SERVICES TO NURSING HOMES, SKILLED CARE, HOSPICE, PACE & REHAB

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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? _____

Name and address	Type of Facility (describe)
1 BREAST IMAGING CENTER 3300 RIVERMONT AVENUE LYNCHBURG VA 24503	MAMMOGRAPHERS READ SCREENINGS FOR DIAGNOSTIC BREAST IMAGING TATE SPRINGS RD, TIMBERLAKE, M
2 CMG-PRIMECARE MAIN 130 ENTERPRISE DRIVE DANVILLE VA 24540	FAMILY PRACTICE, URGENT CARE
3 CMG-PRIMECARE EAST 404 AIRPORT ROAD, SUITE A DANVILLE VA 24540	FAMILY PRACTICE
4 VILLAGE NORTH 1613 OAKWOOD STREET, SUITE 202 BEDFORD VA 24523	FAMILY PRACTICE
5 CENTRA HOSPICE HOUSE 4413 BOONESBORO ROAD LYNCHBURG VA 24503	HOSPICE CARE
6 RIVERMONT SCHOOL-CHASE CITY 633 N. MAIN STREET CHASE CITY VA 23924	MENTAL HEALTH
7 RIVERMONT SCHOOL-DAN RIVER 4058 FRANKLIN TURNPIKE DANVILLE VA 24540	MENTAL HEALTH
8 RIVERMONT SCHOOL-ROANOKE 1354 8TH STREET ROANOKE VA 24015	MENTAL HEALTH
9 RIVERMONT SCHOOL-HAMPTON 303 BUTLER FARM ROAD, SUITE 100 HAMPTON VA 23666	MENTAL HEALTH
10 RIVERMONT SCHOOL-TIDEWATER 5163 CLEVELANT STREET VIRGINIA BEACH VA 23462	MENTAL HEALTH

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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? _____

Name and address	Type of Facility (describe)
1 RIVERMONT SCHOOL-ALLEGHANY HIGHLANDS 331 WEST MAIN STREET COVINGING VA 24426	MENTAL HEALTH
2 RIVERMONT SCHOOL-ROCKBRIDGE 35 MAGNOLIA SQUARE, SUITE 7 LEXINGTON VA 24450	MENTAL HEALTH
3 RIVERMONT SCHOOL-LYNCHBURG 3024 FOREST HILLS CIRCLE LYNCHBURG VA 24501	MENTAL HEALTH
4 RIVERMONT SCHOOL-FREDERICKSBURG 30 PULTE DRIVE FREDERICKSBURG VA 22406	MENTAL HEALTH
5 RIVERMONT SCHOOL-GREATER PETERSBURG 12318 BOYDTON PLANK ROAD DINWIDDIE VA 23841	MENTAL HEALTH
6 NEUROSCIENCE CENTER 2025 TATE SPRINGS ROAD LYNCHBURG VA 24501	NEUROSURGERY
7 NEUROSCIENCE CENTER-FARMVILLE 800 OAK STREET FARMVILLE VA 23901	NEUROSURGERY
8 LYNCHBURG FAMILY MEDICAL CENTER 2323 MEMORIAL AVENUE, SUITE 10 LYNCHBURG VA 24501	FAMILY PRACTICE RESIDENCY PROG
9 CMG-BIG ISLAND 10961 LEE JACKSON HWY BIG ISLAND VA 24526	FAMILY PRACTICE
10 CENTRAL VIRGINIA IMAGING, LLC 113 NATIONWIDE DRIVE LYNCHBURG VA 24502	50% JOINT VENTURE W/ RADIOLOGY CONSULTANTS OF LYNCH

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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? _____

Name and address	Type of Facility (describe)
1 SURGERY CENTER OF LYNCHBURG, LLC. 2401 ATHERHOLT ROAD LYNCHBURG VA 24501	50% JOINT VENTURE W/ INDIVIDUAL PHYSICIANS
2 VILLAGE PRACTICE-MONETA 4830 RUCKER ROAD MONETA VA 24121	FAMILY PRACTICE
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

PART II

COMMUNITY BUILDING ACTIVITIES:

CENTRA HEALTH, INC. KNOWS THE IMPORTANCE OF MAINTAINING A STRONG RELATIONSHIP WITH THE COMMUNITY IT SERVES. CENTRA CONTINUOUSLY WORKS TO SEEK OUT WAYS IN WHICH WE CAN SUPPORT THE COMMUNITY. DURING 2013, CENTRA COLLABORATED WITH THE CITY OF LYNCHBURG TO ASSIST INDIVIDUALS WITHIN THE COMMUNITY WITH REPAIRS TO THEIR HOME. HELPING THOSE IN NEED IS A MAIN FOCUS OF CENTRA, NOT ONLY WITH THEIR HEALTH NEEDS, BUT WITH THE FUNDAMENTAL NEEDS OF INDIVIDUALS WITHIN OUR COMMUNITY AS WELL.

CENTRA HEALTH, INC. IS ALSO A MEMBER OF AND PARTICIPATES IN THE LOCAL BEDFORD CHAMBER OF COMMERCE MEETINGS IN ORDER TO PROVIDE EXPERTISE AND RESOURCES FOR THE HEALTH CARE NEEDS OF THE COMMUNITY.

CENTRA'S MENTAL HEALTH MARKETING DEPARTMENT PROVIDED AN ETHICS CONFERENCE DURING 2013 TO PROVIDERS WHO NEED IT FOR THEIR LICENSURE. THE TOPIC WAS ETHICS OF PRESSING CHARGES.

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

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.

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

ALSO, CENTRA PARTICIPATES IN THE HIPE (HEALTHY PEOPLE THROUGH PREVENTION & EDUCATION COALITION) WHICH FOCUSES ON TOBACCO AND SUBSTANCE ABUSE, CHILDHOOD OBESITY, AND SUPPORTING HEALTH ACTIVITIES FOR YOUTH. HIPE IS MADE UP OF COMMUNITY MEMBERS FROM ORGANIZATIONS SUCH AS, HORIZON BEHAVIORAL HEALTH, LYNCHBURG HEALTH DEPT., AREA SOCIAL SERVICES, PARKS AND RECS, CITY SCHOOLS, ETC., AND IS FOCUSED ON LOOKING AT BROADER HEALTH NEEDS IN THE COMMUNITY.

CENTRA HEALTH, INC. 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. THROUGHOUT THE YEAR, WE ALSO VISIT LOCAL ELEMENTARY AND MIDDLE SCHOOLS WITHIN THE COMMUNITY TO INTRODUCE THE YOUTH TO HEALTHCARE CAREERS.

PART III, SECTION A, LINE 1

ON JANUARY 1, 2012, CENTRA HEALTH, INC. AND SUBSIDIARIES ADOPTED

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

ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, WHICH CHANGED CENTRA'S PRESENTATION OF PROVISION FOR DOUBTFUL ACCOUNTS TO A DEDUCTION FROM NET PATIENT SERVICE REVENUE. THIS HAS BEEN DISCLOSED IN THE FOOTNOTES OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. THEREFORE, CENTRA HEALTH AND ITS SUBSIDIARIES REPORT BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15.

PART III, LINE 2:

SEE DESCRIPTION FOR PART III, LINE 4

PART III, LINE 4:

THE ORGANIZATION BELIEVES THAT ITS PROCEDURES CONCERNING THE APPLICATION OF ITS FINANCIAL ASSISTANCE POLICY ARE SUFFICIENTLY THOROUGH TO EXCLUDE ALL PATIENTS WHO ARE ELIGIBLE FOR CHARITY CARE FROM BAD DEBT. THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE ABOUT BAD DEBT: "PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR BAD DEBTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, CENTRA ANALYZES HISTORICAL COLLECTIONS AND WRITE-OFFS AND IDENTIFIES

Part VI Supplemental Information

Provide the following information

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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

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ALLOWANCE FOR BAD DEBT." (CENTRA HEALTH, INC. FY 2013 AUDIT REPORT, PAGE 14)

PART III, LINE 8:

THE TOTAL AMOUNT OF MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE CENTRA HEALTH'S MISSION IS TO PROMOTE HEALTH IN THE COMMUNITY AND WE DO NOT LIMIT THE CARE AVAILABLE TO ANY OF OUR PATIENTS, INCLUDING THOSE COVERED BY MEDICARE. WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS EVEN THOUGH REIMBURSEMENTS WERE LESS THAN THE COST TO PROVIDE SERVICE. TOTAL MEDICARE SHORTFALL FOR 2013 WAS \$31,539,357.

PART III, LINE 9B:

CENTRA APPLIES UNIFORM COLLECTION PROTOCOLS TO ALL UNPAID ELIGIBLE CHARGES REGARDLESS OF RACE, SEX, AGE, DISABILITY, NATIONAL ORIGIN OR RELIGION. PATIENTS KNOWN BY CENTRA TO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT SUBJECT TO COLLECTION PROTOCOLS. IF DURING COLLECTION PROTOCOLS, OR AFTER REFERRAL TO AN OUTSIDE COLLECTION AGENCY, IT IS DISCOVERED

Part VI Supplemental Information

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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.

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

Part VI Supplemental Information

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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

Part VI Supplemental Information

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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.

Part VI Supplemental Information

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CENTRA'S COMMUNITY EDUCATION COMMITTEE CONSISTS OF OVER 30 COMMUNITY EDUCATORS WHO ARE MAKING CONTINUOUS CONTACTS IN THE REGION AND REPORTING BACK TO THE MONTHLY COMMITTEE MEETING. THE PHYSICIAN ADVISORY BOARD CONSISTS OF OVER 10 COMMUNITY PHYSICIANS WHO MEET QUARTERLY TO DISCUSS COMMUNITY NEEDS AND PLAN TO FULFILL THE NEED.

IN ADDITION, A CALL CENTER RECEIVES CALLS AND REPORTS TO THE MARKETING DEPARTMENT FOR ADDITIONAL REQUESTS FROM THE COMMUNITY. CENTRAHEALTH.COM PROVIDES CONSTANT FEEDBACK FROM THE COMMUNITY, WHICH IS ADDRESSED IMMEDIATELY. SURVEYS ARE CONDUCTED AT EVERY COMMUNITY EVENT ON WHICH THE COMMUNITY IS ABLE TO OFFER FEEDBACK.

CENTRA CONTINUES TO CONNECT WITH FAITH-BASED COMMUNITIES THROUGH ITS CONGREGATIONAL HEALTH PROGRAMS. CENTRA HELD SEVERAL "CONGREGATIONAL HEALTH PROMOTER" COURSES THROUGHOUT 2013. THESE COURSES WERE GEARED TOWARD ALL FAITH-BASED COMMUNITY MEMBERS IN ORDER TO PROVIDE THEM WITH INFORMATION REGARDING COMMUNITY RESOURCES, CHRONIC ILLNESS, AND SPECIFIC

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STRATEGIES TO IMPACT THE OVERALL HEALTH OF THE COMMUNITY.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

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

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REFERENCES AVAILABILITY OF FINANCIAL ASSISTANCE WITH CONTACT INFORMATION
ON WHERE TO OBTAIN MORE INFORMATION.

PART VI, LINE 4:

COMMUNITY INFORMATION:

CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A SERVICE AREA OF 429,771 PEOPLE. CENTRA'S PRIMARY SERVICE AREA (PSA) INCLUDES THE CITIES OF LYNCHBURG AND BEDFORD, AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD, CAMPBELL, AND PITTSYLVANIA. CENTRA'S SECONDARY SERVICE AREA (SSA) INCLUDES THE COUNTIES OF BUCKINGHAM, CHARLOTTE, HALIFAX, NELSON, AND PRINCE EDWARD. THE POPULATION FOR THE TOTAL SERVICE AREA IS 429,771, WITH AN ETHNIC MIX OF 21.7% BLACK AND 75.1% WHITE. THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 17%. IT IS PROJECTED THAT BY 2018, THIS SAME AGE RANGE OF 65 PLUS WILL ACCOUNT FOR 19% OF THE TOTAL PSA/SSA POPULATION. THE AVERAGE HOUSEHOLD INCOME IN THE PSA/SSA IS \$43,254. THE CURRENT UNEMPLOYMENT RATE IS APPROXIMATELY 6.7% FOR THIS SERVICE AREA. CENTRA PROMOTES THE NECESSITY OF HAVING A CULTURALLY SENSITIVE WORKFORCE AND PROVIDES AN OVERVIEW OF THE POPULATION

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MIX FOR ORIENTATION OF NEW EMPLOYEES. CENTRA HOSTS WORKSHOPS ON CULTURAL COMPETENCE, PROVIDES REFERENCE BOOKS FOR EACH PATIENT CARE AREA AND PROVIDES A LESSON ON CULTURAL DIVERSITY AS PART OF YEARLY MANDATORY EDUCATION. THERE ARE ALSO CHAPLAINS AVAILABLE WITH EXPERIENCE AND TRAINING TO SUPPORT CLINICAL STAFF WHO MIGHT HAVE NEEDS WITH CULTURALLY SENSITIVE ISSUES.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH:

IN ADDITION TO HEALTH EDUCATION PROGRAMS AND RESOURCES, CENTRA USES ITS HOSPITAL-BASED DEPARTMENTS TO IMPLEMENT NEW WAYS TO IMPROVE HEALTH CARE FOR THE REGION. HERE ARE THREE EXAMPLES:

(1) CENTRA STARTED THE FIRST NATIONALLY CERTIFIED PROGRAM TO HELP PEOPLE RECEIVING TREATMENT AND CANCER SURVIVORS AS THEY HEAL AND RECOVER. WITH THIS PROGRAM, CALLED STAR, CANCER PATIENTS AND SURVIVORS CAN LESSEN PAIN, WEAKNESS, FATIGUE, DEPRESSION AND MEMORY LOSS THAT CAN OCCUR WITH CANCER.

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(2) CENTRA ESTABLISHED ITS PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) IN THE LYNCHBURG AND FARMVILLE AREAS TO OFFER ADULTS 55 YEARS OF AGE AND OLDER MEDICAL CARE AND EDUCATION THAT ALLOWS THEM TO STAY IN THEIR OWN HOMES. WITH LONG-TERM CARE EXPERTISE GAINED THROUGH HOSPITAL-BASED CENTERS, CENTRA PROFESSIONALS FOCUS ON DISEASE PREVENTION, INTERVENTION AND WELLNESS. THE PROGRAM IS BASED ON THE KNOWLEDGE OF PROFESSIONALS WHO ADVOCATE THAT IT IS BETTER FOR SENIORS WITH CHRONIC CARE NEEDS AND THEIR FAMILIES TO BE SERVED IN THE COMMUNITY FOR AS LONG AS IT IS MEDICALLY SAFE. COMPREHENSIVE SERVICES ARE DELIVERED BY AN INTERDISCIPLINARY TEAM OF PROFESSIONALS, INCLUDING A PRIMARY CARE PHYSICIAN, REGISTERED NURSES, REHABILITATION THERAPISTS, DIETITIANS AND RECREATION/ACTIVITY STAFF.

(3) CENTRA HAS LEVERAGED ITS HIGH-BANDWIDTH CONNECTIVITY ACROSS FACILITIES AND PHYSICIAN PRACTICES TO IMPROVE THE HEALTH OF THE POPULATION THROUGH THE SHARING OF MEDICAL RECORDS. WITH THIS CONNECTIVITY, CENTRA ALSO IS ABLE TO ESTABLISH A CLINICAL REPOSITORY THAT

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CAN BE MINED TO PERFORM TRUE POPULATION-BASED ANALYTICS.

ALSO, CENTRA PARTICIPATES IN NUMEROUS HEALTH FAIRS AND SCREENINGS THROUGHOUT THE COMMUNITY AT LOCAL EMPLOYERS, COLLEGES, CHURCHES, ETC., IN ORDER TO PROVIDE SCREENINGS AND INFORMATION ON MANY HEALTH ISSUES. FOR EXAMPLE, BLOOD PRESSURE/DIABETES/PSA/BLADDER SCREENINGS, ETC. ARE PROVIDED TO THOSE WHO WISH TO ATTEND.

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

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- 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

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

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

VIRGINIA. FOR EXAMPLE, CENTRA HAS BEEN INSTRUMENTAL IN ESTABLISHING AND SUPPORTING MEDICAL CLINICS FOR THE UNDERSERVED POPULATION. THESE INCLUDE SERVICES FOR PREGNANT WOMEN AND CHILDREN WHO OTHERWISE MAY NOT RECEIVE CRITICAL PREVENTIVE CARE. CENTRA ALSO DONATES LABORATORY TESTING, RADIOLOGY SERVICES AND EQUIPMENT.

MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS FROM CENTRA PRACTICES AND EXPERTS IN LONG-TERM CARE AND REHABILITATION, OFFER PROFESSIONAL HEALTH EDUCATION CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS. THE HEALTH CARE SYSTEM ALSO PARTNERS WITH COMMUNITY ORGANIZATIONS TO CO-SPONSOR DOZENS OF REGIONAL EVENTS. IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND OTHER CENTRA PROFESSIONALS PROVIDE ONE-ON-ONE HEALTH COUNSELING AND EDUCATION FOR HOSPITAL AND SYSTEM PATIENTS. THE HEALTH CARE SYSTEM OFFERS A HEALTH CARE CAREERS CAMP FOR TEENAGERS. STUDENTS GAIN HANDS-ON EXPERIENCE WITH TOOLS IN THE OPERATING ROOM, ENJOY A TOUR OF THE HOSPITAL'S HELICOPTER AND HANGAR AND ARE EXPOSED TO MANY CAREER OPPORTUNITIES. CENTRA DISTRIBUTES A WEALTH OF PRINTED AND ONLINE HEALTH INFORMATION THROUGH ITS PUBLICATIONS, MEDIA

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
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- 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

STORIES AND INTERACTIVE WEBSITE. THIS INFORMATION IS PRODUCED SPECIFICALLY FOR THE REGIONAL POPULATION AND TO MEET IDENTIFIED NEEDS. AS THE SOLE HEALTH CARE SYSTEM IN ITS SERVICE AREA, CENTRA USES ITS HOSPITAL-BASED RESOURCES AS A VALUABLE VEHICLE FOR MANAGING AND PROMOTING HEALTH CARE AS PART OF ITS NONPROFIT MISSION.

ROSEMARY AND GEORGE DAWSON INN

IN DECEMBER 2012, CENTRA HEALTH OPENED THEIR NEW 20-ROOM ROSEMARY AND GEORGE DAWSON INN, LOCATED IN CLOSE PROXIMITY TO LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AND THE ALAN B. PEARSON REGIONAL CANCER CENTER. THE INN WAS DESIGNED TO PROVIDE HOME-LIKE LODGING TO PATIENTS AND THEIR FAMILY MEMBERS WHO ARE RECEIVING MEDICAL TREATMENT IN THE LYNCHBURG AREA. THE OPERATION OF THE INN ENABLES FAMILY MEMBERS TO BE CLOSE TO THEIR LOVED ONES DURING THEIR STAY AT THE HOSPITAL, LIKELY HELPING IN TREATMENT AND RECOVERY FROM SICKNESS AND INJURY. DEMAND FOR MORE COMPLEX SURGERIES AND TREATMENTS CAN REQUIRE LONGER HOSPITAL STAYS AND A NEED TO FIND HOTEL LODGING NEAR LYNCHBURG. EARLY SURGICAL CASES MEAN AN EARLY WAKE UP FOR PATIENTS AND FAMILIES. SOME PATIENTS WAKE UP

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

BEFORE 4 A.M. FOR A 6 A.M. SURGERY. LODGING ON CENTRA PROPERTY FOR THE NIGHT BEFORE OR AFTER CAN LESSEN PATIENT ANXIETY AND EXHAUSTION. THE DAWSON INN OFFERS FAMILIES A REFUGE AWAY FROM THE CRITICAL CARE FEEL OF THE HOSPITAL WHILE STILL ALLOWING CLOSE PROXIMITY.

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

STATE FILING OF COMMUNITY BENEFIT REPORT

VA,

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRA HEALTH, INC

Employer identification number

54-0715569

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMAZEMENT SQUARE 27 9TH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION
(2) AMERICAN CANCER SOCIETY 2316 ATHERHOLT ROAD #108	58-0659875	501(C)(3)	25,000		N/A	N/A	CHARITABLE CONTRIBUTION
(3) VIRGINIA REGION 2000 ECONOMIC DEVELOPMENT C 828 MAIN STREET LYNCHBURG, VA 24504	54-1859984	501(C)(6)	30,000		N/A	N/A	ECONOMIC DEVELOPMENT CONTRIBUTION
(4) CVCC EDUCATIONAL FOUNDATION 3506 WARDS ROAD LYNCHBURG, VA 24502	54-1167908	501(C)(3)	9,000		N/A	N/A	CHARITABLE CONTRIBUTION
(5) CENTRAL VIRGINIA FOUNDATION FOR ECONOMIC ED 2015 MEMORIAL AVENUE LYNCHBURG, VA 24501	54-1255814	501(C)(3)	50,000		N/A	N/A	CHARITABLE CONTRIBUTION
(6) UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0505923	501(C)(3)	75,000		N/A	N/A	CHARITABLE CONTRIBUTION
(7) VIRGINIA 10-MILER PO BOX 982 LYNCHBURG, VA 24505	54-1796447	501(C)(3)	10,000		N/A	N/A	CHARITABLE CONTRIBUTION
(8) CENTRA HEALTH FOUNDATION 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	501,155.		N/A	N/A	CHARITABLE CONTRIBUTION
(9) JOHNSON HEALTH CENTER 320 FEDERAL STREET LYNCHBURG, VA 24504	54-1287905	501(C)(3)	160,000		N/A	N/A	RENTAL CONTRIBUTION
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2013)

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PAGE 76

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCH I, PART I, LINE 2

THROUGHOUT THE YEAR, GRANT REQUESTS ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRA HEALTH, INC

Employer identification number

54-0715569

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	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.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	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	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	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	X
b	Any related organization?	6b	X
	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	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE W DAWSON FORMER CENTRA CEO & OFFICER	(i)	0	0	161,956.	0	0	161,956.	0
	(ii)	0	0	0	0	0	0	0
2 THOMAS W NYGAARD MD DIRECTOR	(i)	378,093.	0	19,539.	40,252.	15,781.	453,665.	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS C JIVIDEN FORMER SECRETARY/EXECUTIVE VP	(i)	0	0	329,217.	0	18,399.	347,616.	0
	(ii)	0	0	0	0	0	0	0
4 KIRSTEN HUBER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	244,288.	0	1,911.	7,380.	7,695.	261,274.	0
5 ROBERT D COOK MD DIRECTOR	(i)	243,671.	40,000.	28,381.	7,558.	15,062.	334,672.	0
	(ii)	0	0	0	0	0	0	0
6 CHRIS THOMSON MD PRESIDENT-MEDICAL STAFF	(i)	335,599.	0	19,360.	7,650.	36,650.	399,259.	0
	(ii)	0	0	0	0	0	0	0
7 W MICHAEL BRYANT PRESIDENT/CEO UNTIL APRIL 2013	(i)	303,200.	114,675.	712,205.	57,650.	21,179.	1,208,909.	237,820.
	(ii)	0	0	0	0	0	0	0
8 E W TIBBS PRESIDENT/CEO AS OF APRIL 2013	(i)	495,317.	39,248.	38,168.	116,339.	38,873.	727,945.	0
	(ii)	0	0	0	0	0	0	0
9 LEWIS C ADDISON TREASURER & SENIOR VP/CFO	(i)	391,103.	44,110.	250,269.	54,592.	21,544.	761,618.	218,425.
	(ii)	0	0	0	0	0	0	0
10 DAVID D ADAMS SECRETARY/SR VP & CSO	(i)	362,391.	35,200.	8,245.	66,800.	21,984.	494,620.	0
	(ii)	0	0	0	0	0	0	0
11 CARL M VALENTINE MD MD CARDIOVASCULAR	(i)	602,484.	3,156.	22,858.	7,650.	37,927.	674,075.	0
	(ii)	0	0	0	0	0	0	0
12 DILANTHA ELLEGALA MD MD. NEUROSURGERY	(i)	894,480.	0	18,478.	7,500.	28,716.	949,174.	0
	(ii)	0	0	0	0	0	0	0
13 CHRISTOPHER W LEWIS MD MD CARDIOVASCULAR	(i)	620,696.	3,156.	19,096.	7,650.	35,488.	686,086.	0
	(ii)	0	0	0	0	0	0	0
14 JUSTIN D ANDERSON MD MD CARDIOVASCULAR	(i)	582,970.	0	19,096.	7,650.	19,286.	629,002.	0
	(ii)	0	0	0	0	0	0	0
15 JASON M HACKENBRACHT MD MD CARDIOVASCULAR	(i)	560,966.	3,156.	19,096.	7,500.	26,171.	616,889.	0
	(ii)	0	0	0	0	0	0	0
16 PETER K. O'BRIEN MD CARDIOVASCULAR	(i)	592,194.	3,156.	19,666.	7,650.	38,873.	661,539.	0
	(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHAD A HOYT MD MD. CARDIOVASCULAR	(i)	684,827.	3,156.	19,666.	7,650.	42,091.	757,390.	0
	(ii)	0	0	0	0	0	0	0
2 JAMES G WARNER MD MD CARDIOVASCULAR	(i)	424,666.	0	20,029.	7,650.	16,008.	468,353.	0
	(ii)	0	0	0	0	0	0	0
3 MATTHEW C SACKETT MD MD. CARDIOVASCULAR	(i)	666,816.	3,156.	21,294.	7,650.	32,436.	731,352.	0
	(ii)	0	0	0	0	0	0	0
4 BRIAN SCHIETINGER MD MD: CARDIOVASCULAR	(i)	592,951.	0	19,096.	7,650.	20,359.	640,056.	0
	(ii)	0	0	0	0	0	0	0
5 PATTI S MCCUE SCED SR VP-PATIENT CARE SVCS	(i)	284,838.	33,429.	165,791.	36,645.	6,558.	527,261.	135,846.
	(ii)	0	0	0	0	0	0	0
6 DAVID W FRANTZ MD MD CARDIOVASCULAR	(i)	613,858.	24,242.	19,775.	7,650.	26,516.	692,041.	0
	(ii)	0	0	0	0	0	0	0
7 MARK D TOWNSEND MD MD CARDIOVASCULAR	(i)	337,719.	13,725.	1,260.	7,650.	27,697.	388,051.	0
	(ii)	0	0	0	0	0	0	0
8 CURTIS N BAKER VP CARDIOLOGY & ONCOLOGY	(i)	214,216.	10,368.	5,220.	31,009.	11,454.	272,267.	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCH J SUPP INFO

SCHEDULE J, PART I, LINE 4A:

W. MICHAEL BRYANT, FORMER CENTRA HEALTH PRESIDENT & CHIEF EXECUTIVE OFFICER, RECEIVED A SEVERANCE PAYMENT DURING 2013 IN THE AMOUNT OF \$464,593, INCLUDED IN HIS TAXABLE INCOME.

THOMAS C. JIVIDEN, FORMER CENTRA HEALTH EXECUTIVE VICE PRESIDENT, RECEIVED A SEVERANCE PAYMENT DURING 2013 IN THE AMOUNT OF \$333,333, INCLUDED IN HIS TAXABLE INCOME.

SCHEDULE J, PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED RETIREMENT PLAN DURING FY 2013. THE AMOUNT WAS INCLUDED IN THEIR W-2 WAGES.

NAME	TITLE	AMOUNT OF PAYOUT
DAVID ADAMS	CHIEF STRATEGY OFFICER	NONE
LEWIS ADDISON	CENTRA SR VP & CFO	\$218,425

Part III Supplemental Information

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

CURTIS BAKER	CENTRA VP, CARDIOLOGY & ONCOLOGY	NONE
W. MICHAEL BRYANT	FORMER CENTRA PRESIDENT & CEO	\$237,820
PATTI MCCUE	CENTRA SR VP, PATIENT CARE SERVICES	\$135,846
THOMAS NYGAARD	CENTRA SR VP & CMO	NONE
E.W. TIBBS	CENTRA PRESIDENT & CEO	NONE
GEORGE DAWSON	FORMER CENTRA PRESIDENT & CEO	\$161,956

THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED
RETIREMENT PLAN IN FY 2013:

NAME	TITLE	AMOUNT DEFERRED
DAVID ADAMS	CHIEF STRATEGY OFFICER	\$ 59,150
LEWIS ADDISON	CENTRA SR VP & CFO	\$ 46,942
CURTIS BAKER	CENTRA VP, CARDIOLOGY & ONCOLOGY	\$ 24,506
W. MICHAEL BRYANT	FORMER CENTRA PRESIDENT & CEO	\$ 50,150
PATTI MCCUE	CENTRA SR VP, PATIENT CARE SERVICES	\$ 29,145
THOMAS NYGAARD	CENTRA SR VP & CMO	\$ 32,602

Part III Supplemental Information

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

E.W. TIBBS	CENTRA PRESIDENT & CEO	\$108,689
GEORGE DAWSON	FORMER CENTRA PRESIDENT & CEO	NONE

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2013

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDUSTRIAL DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	999999999	12/17/2010	30,000,000	NEW CONSTRUCTION & EQUIPMENT - 2010		X		X		X
B INDUSTRIAL DEVEL AUTH OF COUNTY OF CAMPBELL VA	52-1309406	999999999	04/27/2007	7,500,000	NEW CONSTRUCTION COUNTY OF CAMPBE		X		X		X
C INDUSTRIAL DEVEL AUTHO OF THE TOWN OF AMHERST	54-1804155	999999999	06/29/2007	8,000,000	NEW CONSTRUCTION (TOWN OF AMHERST)		X		X		X
D INDUSTRIAL DEVEL AUTH OF COUNTY OF APPOMATTOX	54-1864523	999999999	11/29/2007	7,500,000	NEW CONSTRUCTION (COUNTY OF APPOMA		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	5,261,069.		1,770,540.		1,889,898.		1,619,230.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	30,223,487.		7,500,000.		8,000,000.		7,500,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	185,914.		50,000.		60,000.		60,000.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	30,037,573.		7,450,000.		7,940,000.		7,440,000.	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013		2008		2008		2007	
	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

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

Schedule K (Form 990) 2013

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2013

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDUSTRIAL DEVEL AUTH OF CITY OF LYNCHBURG VA	54-1225193	551245GN7	12/08/2004	126,425,000	2004 B,C,F BONDS NEW CONST / CURRE		X		X		X
B INDUSTRIAL DEVEL. AUTH. OF COUNTY OF CAMPBELL VA	54-1225193	551245HA4	09/29/2009	79,850,000	2004 A,D,E BONDS CURRENT REFUNDING		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			44,523,243.	5,025,000.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue			129,698,243.	78,950,000.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds			10,049,028.					
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			905,203.					
8 Credit enhancement from proceeds			3,198,000.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			101,772,759.					
11 Other spent proceeds			10,500,010.	78,950,000.				
12 Other unspent proceeds								
13 Year of substantial completion			2007	2007				
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

TAX EXEMPT BOND

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental 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?								
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 you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	BRANCH BANKING & TRU							
c Term of hedge.	7.000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part III Private Business Use (Continued)		TAX EXEMPT BOND							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	DEUTSCHE BANK							
c	Term of hedge	30.000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

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

PART II, LINE 3

2004 SERIES B, C, F BONDS - ISSUE PRICE: \$126,425,000

TOTAL PROCEEDS OF ISSUE INCLUDES: INTERST EARNINGS

ECONOMIC DEVELOPMENT AUTH. OF CITY OF LYNCHBURG, VA BOND - ISSUE PRICE:

\$30,000,000

TOTAL PROCEEDS OF ISSUE INCLUDES: INTEREST EARNINGS

PART IV, LINE 2C:

CENTRA HEALTH SERIES 2004A AND SERIES B-F BONDS:

A REBATE CALCULATION WAS PERFORMED ON APRIL 8, 2009 FOR THE INDUSTRIAL
AND ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL
AUCTION RATE SECURITIES REFUNDING REVENUE BONDS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						32.						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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	1,409,464	SEE PART V		X
(2) ORTHOPAEDIC CTR OF CENTRAL VIRGINIA	SEE PART V	528,072	SEE PART V		X
(3) MEDICAL ASSOCIATES OF CENTRAL VA	SEE PART V	9,707,038	SEE PART V		X
(4) SCOTT INSURANCE	SEE PART V	1,036,058	SEE PART V		X
(5) MARK C ADDISON	SEE PART V	27,431	SEE PART V		X
(6) MARK A MCKINNEY	SEE PART V	109,422	SEE PART V		X
(7) PATHOLOGY CONSULTANTS OF CENTRAL VA	SEE PART V	1,413,430	SEE PART V		X
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV

BUSINESS TRANSACTIONS

- (A) NAME OF PERSON: LYNCHBURG PULMONARY ASSOCIATES
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER ALBERT BAKER, MD IS PARTIAL OWNER OF LYNCHBURG PULMONARY ASSOCIATES
- (C) AMOUNT OF TRANSACTION: \$1,409,464
- (D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR COVERAGE OF PATIENTS IN CRITICAL CARE UNITS RENDERED TO CENTRA HEALTH, INC. IN LYNCHBURG, VA
- (E) SHARING OF ORGANIZATION REVENUES?: NO

- (A) NAME OF PERSON: ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER MICHAEL DIMINICK, MD IS SHAREHOLDER OF ORTHOPAEDIC CENTER OF CENTRAL VIRGINIA
- (C) AMOUNT OF TRANSACTION: \$528,072
- (D) DESCRIPTION OF TRANSACTION: PAYMENT FOR MEDICAL SERVICES RENDERED TO CENTRA HEALTH, INC

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES?: NO

(A) NAME OF PERSON: MEDICAL ASSOCIATES OF CENTRAL VIRGINIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD

MEMBER SCOTT WADE, MD IS A PARTIAL OWNER OF MEDICAL ASSOCIATES OF CENTRAL VIRGINIA

(C) AMOUNT OF TRANSACTION: \$9,707,038

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR MEDICAL SERVICES RENDERED TO CENTRA HEALTH, INC.

(E) SHARING OF ORGANIZATION REVENUES? NO

(A) NAME OF PERSON: SCOTT INSURANCE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD

MEMBER WALKER SYDNOR SERVES AS PRESIDENT & CHAIRMAN OF THE BOARD OF SCOTT INSURANCE.

(C) AMOUNT OF TRANSACTION: \$1,036,058

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: PAYMENT OF INSURANCE PREMIUMS PROVIDED TO CENTRA HEALTH, INC.

(E) SHARING OF ORGANIZATION REVENUES?: NO

(A) NAME OF PERSON: PATHOLOGY CONSULTANTS OF CENTRAL VIRGINIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF BOARD MEMBER ROBERT COOK, MD IS > 5% OWNER OF PATHOLOGY CONSULTANTS OF CENTRAL VIRGINIA.

(C) AMOUNT OF TRANSACTION: \$1,413,430

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR MEDICAL SERVICES RENDERED TO CENTRA HEALTH, INC.

(E) SHARING OF ORGANIZATION REVENUES?: NO

(A) NAME OF PERSON: MARK C. ADDISON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF LEWIS ADDISON, OFFICER OF CENTRA HEALTH, INC.

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION: \$27,431

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC.

(E) SHARING OF ORGANIZATION REVENUES?: NO

(A) NAME OF PERSON: MARK A. MCKINNEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF E.W. TIBBS, OFFICER OF CENTRA HEALTH, INC.

(C) AMOUNT OF TRANSACTION: \$109,422

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC.

(E) SHARING OF ORGANIZATION REVENUES?: NO

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
MARK ADDISON	FAMILY MEMBER OF	TO PURCHASE COMPUTER		X		840.		32.	X	X	X	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

CENTRA HEALTH, INC

54-0715569

FORM 990, PART III, LINE 4A

AS THE REGIONAL HEALTH CARE LEADER, CENTRA HEALTH, INC.'S COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES. CENTRA HEALTH, INC. (CENTRA) HAS BEEN BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR OVER 25 YEARS, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE.

HOWEVER, JUST AS IMPORTANT IS CENTRA'S COMMITMENT AND DEDICATION TO SERVING AS A PARTNER IN THE REGIONAL COMMUNITIES. DISEASE PREVENTION AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES THROUGHOUT THE REGION. FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND EDUCATIONAL PROGRAMS, CENTRA IS COMMITTED TO PROVIDING THE BEST HEALTH CARE FOR ITS PATIENTS AND IMPROVING THE HEALTH AND WELLNESS OF ALL THE RESIDENTS OF CENTRAL VIRGINIA.

CENTRA'S COMMUNITY EVENTS, OFFERED IN COLLABORATION WITH THE CENTRA HEALTH FOUNDATION AND THE CENTRA MEDICAL STAFF, IS JUST ONE EXAMPLE OF CENTRA'S MANY SERVICES TO THE COMMUNITY. IN ADDITION, CENTRA EMPLOYEES DEDICATE THEMSELVES TO IMPROVING THE HEALTH AND WELLBEING OF THE COMMUNITY BY TAKING AN ACTIVE ROLE IN THE REGION, FROM VOLUNTEERING FOR LOCAL BOARDS AND CIVIC AND COMMUNITY ORGANIZATIONS TO PARTICIPATING IN COMMUNITY EVENTS AND STAFFING HEALTH AND WELLNESS FAIRS. CENTRA IS A MAJOR PARTNER IN THE HEALTH OF THE REGION AND TAKES GREAT PRIDE IN

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

PROVIDING FACILITIES, RESOURCES AND EXPERTISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA.

IN 2013, CENTRA HELD MANY NATIONAL AWARDS AND ACCOLADES:

-THE AMERICAN NURSES CREDENTIALING CENTER RE-DESIGNATED CENTRA LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AS MAGNET FACILITIES WHICH RECOGNIZE EXCELLENCE IN NURSING. CENTRA WAS THE FIRST HEALTHCARE SYSTEM IN CENTRAL VIRGINIA TO ACHIEVE MAGNET STATUS IN 2005.

-THE CENTRA COLLEGE OF NURSING MAINTAINS THEIR APPROVAL 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 NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE IN NURSING.

-THE LYNCHBURG GENERAL HOSPITAL SCHOOL OF NURSING DIPLOMA PROGRAM HAS MAINTAINED FULL ACCREDITATION FROM THE NATIONAL LEAGUE OF NURSING ACCREDITATION COUNCIL.

-CENTRA LYNCHBURG GENERAL, SOUTHSIDE COMMUNITY AND VIRGINIA BAPTIST 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.

Name of the organization CENTRA HEALTH, INC	Employer identification number 54-0715569
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-CENTRA CANCER CARE SERVICES HAS TWICE EARNED FULL ACCREDITATION WITH COMMENDATION AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER.

-CENTRA BREAST CANCER SERVICES HAS TWICE EARNED NATIONAL 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 AMERICAN 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 PERFORMANCE.

-CENTRA LYNCHBURG GENERAL HOSPITAL'S CHEST PAIN CENTER MAINTAINS THEIR INTERNATIONAL ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS FOR ACHIEVING A HIGH LEVEL OF EXPERTISE IN CARING FOR PATIENTS WHO ARRIVE WITH SYMPTOMS OF A HEART ATTACK.

-CENTRA STROOBANTS 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 RECEIVED A RATING EVERY

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YEAR SINCE ITS INCEPTION.

-CENTRA HAS RECEIVED RE-CERTIFICATION FOR ITS TREATMENT OF ACUTE MYOCARDIAL INFARCTION (HEART ATTACK) PATIENTS FROM THE JOINT COMMISSION. 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 TRANSPORTATION SERVICES, INCLUDING AIR MEDICAL TRANSPORT BY THE STATE-OF-THE-ART HELICOPTER, CENTRA ONE.

-CENTRA LYNCHBURG GENERAL HOSPITAL HAS AGAIN EARNED THE JOINT COMMISSION'S NATIONAL CERTIFICATE 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 HOSPITAL HAS RECEIVED THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD WHICH RECOGNIZES THE COMMITMENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE BY ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARDS AND RECOMMENDATIONS.

-THE CENTRA JOINT REPLACEMENT CENTER'S TOTAL HIP AND TOTAL KNEE

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REPLACEMENT PROGRAMS ARE NATIONALLY CERTIFIED BY THE JOINT COMMISSION.

-CENTRA'S CENTER FOR WOUND CARE AND HYPERBARIC MEDICINE HAS RECEIVED A THREE-YEAR RE-ACCREDITATION FROM THE UNDERSEA & HYPERBARIC MEDICAL SOCIETY AND IS ONE OF FIVE ACCREDITED CENTERS IN VIRGINIA.

-CENTRA'S INTERMEDIATE CARE UNIT NURSING TEAM IS THE FIRST IN VIRGINIA TO RECEIVE THE BEACON AWARD FOR QUALITY OF CARE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES.

-CENTRA LYNCHBURG GENERAL HOSPITAL RECEIVED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION'S MAP AWARD FOR HIGH PERFORMANCE IN REVENUE CYCLE.

AS A NATIONAL AWARD WINNER, CENTRA LYNCHBURG GENERAL HOSPITAL HAS MET STRINGENT EVALUATION CRITERIA ADDRESSING CRITICAL PERFORMANCE FACTORS SUCH AS REVENUE CYCLE PROCESSES, FINANCIAL PERFORMANCE, INNOVATION, ADOPTION OF PATIENT FRIENDLY BILLING [®] PRINCIPLES, AND PATIENT SATISFACTION.

-CENTRA LYNCHBURG GENERAL HOSPITAL HAS EARNED NATIONAL RECOGNITION FOR EXCELLENCE IN TREATING PATIENTS WITH A HEART ATTACK. THE ACCREDITATION PROGRAM - SPONSORED BY THE AMERICAN HEART ASSOCIATION AND THE SOCIETY OF CHEST PAIN CENTERS - RECOGNIZES CENTERS THAT MEET OR EXCEED QUALITY OF CARE MEASURES FOR PEOPLE EXPERIENCING THE MOST SEVERE TYPE OF HEART ATTACK.

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-CENTRA'S ALAN B. PEARSON REGIONAL CANCER CENTER RECEIVED THE ADVANCED CERTIFICATION FOR PALLIATIVE CARE FROM THE JOINT COMMISSION. 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 GOAL IS TO IMPROVE QUALITY OF LIFE FOR BOTH THE PATIENT AND THE FAMILY.

-CENTRA'S ALAN B. PEARSON REGIONAL CANCER CENTER HAS RECEIVED THE NATIONAL OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER COLLEGE OF SURGEONS. CENTRA IS ONE OF A SELECT GROUP OF ONLY 79 U.S. HEALTH CARE FACILITIES WITH ACCREDITED CANCER PROGRAMS TO RECEIVE THIS NATIONAL HONOR FROM SURVEYS PERFORMED LAST YEAR.

2013 COMMUNITY BENEFIT HIGHLIGHTS

-CENTRA CONTRIBUTED MORE THAN \$76 MILLION TOWARD UNPAID COST OF PATIENT CARE, INCLUDING, BUT NOT LIMITED TO:

-TRADITIONAL CHARITY CARE, WHICH INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY. DURING 2013, \$40,658,632 OF CHARGES AT AN ESTIMATED COST OF \$20,340,755 WAS PROVIDED TO PATIENTS OF CENTRA. THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY ASSISTANCE FOCUSES ON INCOME LEVELS SET BY THE STATE OF VIRGINIA. THESE POLICIES CALL FOR PROVIDING CARE FREE OF CHARGE TO PATIENTS WHO DEMONSTRATE A FAMILY INCOME BELOW OR EQUAL TO 200 PERCENT OF THE STATE APPROVED POVERTY GUIDELINE. PATIENTS WHO HAVE A FAMILY INCOME OF GREATER THAN 200 PERCENT

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TO 400 PERCENT OF THE POVERTY LEVEL ARE ELIGIBLE FOR PARTIAL ASSISTANCE
 BASED ON A DISCOUNT SCHEDULE THAT CONSIDERS BOTH FAMILY GROSS INCOME AND
 ACCOUNT BALANCE. ASSISTANCE IS PROVIDED BY CENTRA AND FROM INDIGENT FUNDS
 MADE AVAILABLE BY CENTRA HEALTH FOUNDATION.

-UNPAID COSTS OF MEDICARE, WHICH REFLECTS THE COST NOT REIMBURSED BY
 MEDICARE FOR CARE RENDERED TO MEDICARE PATIENTS, AND TOTALED
 \$31,539,357.

-UNPAID COSTS OF MEDICAID, WHICH REFLECTS THE COST NOT REIMBURSED BY
 MEDICAID FOR CARE RENDERED TO MEDICAID PATIENTS, AND TOTALED \$24,585,147.

COMMUNITY EDUCATION & HEALTH SCREENINGS

CENTRAL VIRGINIANS BENEFIT FROM QUALITY HEALTH EDUCATION OPPORTUNITIES
 AND SCREENINGS, THANKS TO THE PARTNERSHIP BETWEEN CENTRA AND THE CENTRA
 HEALTH FOUNDATION. INCLUDED BELOW IS A LIST OF SELECTED ACCOMPLISHMENTS
 AND COMMUNITY SUPPORT CENTRA PROVIDED IN 2013 AS A COMMUNITY PARTNER.

CENTRA EMPLOYEES CONTINUALLY OFFER PROFESSIONAL HEALTH EDUCATION
 PROGRAMS, CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS
 THROUGHOUT THE REGION. IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND
 MANY OTHER PROFESSIONALS AT CENTRA PROVIDE "ONE-ON-ONE" PERSONALIZED
 EDUCATION. IN 2013, OVER 600 HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS
 REACHED MORE THAN 132,000 PEOPLE.

KNITTING CLASSES

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THIS PROGRAM OFFERS CANCER PATIENTS, CAREGIVERS, AND OTHERS AFFECTED BY CANCER THE OPPORTUNITY TO LEARN THE ART OF KNITTING AND CROCHETING. THE OBJECTIVE OF THE CLASS IS TO PROVIDE WAYS TO PASS TIME DURING TREATMENTS, TO CREATE DONATIONS FOR PATIENTS, AND A PLACE TO BUILD A SUPPORT GROUP THAT MEETS REGULARLY SO THAT PARTICIPANTS HAVE AN EASY WAY TO CONNECT AND BUILD RELATIONSHIPS.

NUTRITION CLASSES, COOKING DEMONSTRATIONS, FREE FARMERS MARKET THESE PROGRAMS OFFER A UNIQUE OPPORTUNITY TO ACQUIRE KNOWLEDGE ABOUT THE LINK BETWEEN DIET AND CANCER, EXPERIENCE THE BENEFITS OF PLANT-BASED NUTRITION, AND LEARN THE PRACTICAL COOKING SKILLS NEEDED TO HELP YOU ON YOUR JOURNEY TO BETTER HEALTH. IN THE CLASSES, ATTENDEES DO ALL OF THIS WHILE ENJOYING A COOKING DEMONSTRATION AND TASTING DELICIOUS, HEALTHFUL DISHES.

YOGA AND TAI CHI EXERCISE CLASSES

YOGA AND TAI CHI CAN HELP PATIENTS CENTER THEIR THOUGHTS AND MAINTAIN FLEXIBILITY, BUT ALSO HAS BENEFITS SPECIFICALLY FOR PEOPLE LIVING WITH CANCER. SYMPTOMS OF FATIGUE, INSOMNIA, AND PAIN CAN ALL LOWER YOUR QUALITY OF LIFE WITH CANCER. IN RECENT YEARS, THE USE OF YOGA AND TAI CHI HAS BEEN EVALUATED IN MANY STUDIES LOOKING AT CANCER SYMPTOMS.

ART CLASSES

THESE ART CLASSES ARE BEING OFFERED TO CANCER PATIENTS AS A FORM OF THERAPY. ART IS USED TO ASSIST CANCER PATIENTS TO USE THE CREATIVE SIDE

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OF THE BRAIN. IT IS BELIEVED IN THE MEDICAL WORLD THAT A CREATIVE
ACTIVITY PROMOTES HEALING.

MINDFUL MEDITATION CLASSES

MINDFUL MEDITATION CLASSES CONSIST SIMPLY OF BEING AWARE OF THE PRESENT
MOMENT. NEGATIVE REACTIONS TO PAIN- SUCH AS FEAR OR ANGER- ACTUALLY CAN
MAKE PAIN WORSE. MINDFULNESS TEACHES ONE TO OBSERVE THOUGHTS AND FEELINGS
INSTEAD OF REACTING TO THEM, SO YOU'LL LEARN TO EXPERIENCE PAIN/STRESS AS
A MOMENT-TO-MOMENT SENSATION, WHICH THEN LESSENS THE INTENSITY. RESEARCH
SHOWS MINDFULNESS-BASED STRESS REDUCTION TECHNIQUES CAN REDUCE CHRONIC
PAIN AND ANXIETY AND INCREASE VITALITY.

MUSIC THERAPY

MANY PEOPLE FIND LISTENING TO MUSIC RELAXING, SOOTHING, AND ENJOYABLE.
FOR CANCER PATIENTS, IT ALSO CAN BE A WAY TO COPE WITH SOME OF THE
SYMPTOMS OF THEIR DISEASE AND SIDE EFFECTS OF THEIR TREATMENT. NEW
RESEARCH SUPPORTS LISTENING TO RECORDED MUSIC, AS WELL AS MUSIC THERAPY,
TO IMPROVE ANXIETY, PAIN, MOOD, QUALITY OF LIFE, HEART RATE, RESPIRATORY
RATE, AND BLOOD PRESSURE IN CANCER PATIENTS.

CARDIAC EDUCATION AND SCREENINGS

VARIOUS PROGRAMS WITHIN THE STROOBANTS HEART CENTER OFFER MEMBERS OF THE
COMMUNITY FREE EDUCATION, SCREENINGS AND LECTURES. HEARTAWARE AN ONLINE
RISK ASSESSMENT WAS LAUNCHED ON THE CENTRA WEBSITE IN 2010. THROUGH
HEARTAWARE, MEMBERS OF THE COMMUNITY ARE ABLE TO TAKE THE FREE ASSESSMENT

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TO DETERMINE THEIR INDIVIDUAL RISK OF DEVELOPING HEART DISEASE. THEIR RISKS ARE EVALUATED BY CARDIAC NURSES THAT DETERMINE A PLAN OF ACTION TO LOWER OR ELIMINATE THESE RISKS. ALONG WITH HEARTAWARE, COMMUNITY EVENTS, HEALTH FAIRS, LECTURES, BLOOD PRESSURE AND CHOLESTEROL SCREENINGS ARE AN EFFECTIVE APPROACH TO RAISING AWARENESS AND COMBATING HEART DISEASE.

OTHER ONLINE WELLNESS ASSESSMENTS

IN ADDITION TO THE HEARTAWARE ONLINE RISK ASSESSMENT, CENTRA ALSO HAS FOUR OTHER FREE ONLINE RISK ASSESSMENTS WHICH IS LOCATED ON CENTRA HEALTH'S WEBSITE. THE COMMUNITY CAN LOCATE THESE ASSESSMENTS BY GOING TO WWW.CENTRAHEALTH.COM AND SELECTING "WELLNESS" ON THE TOP TAB. THESE ASSESSEMENTS ARE:

- O LUNGAWARE - TO ASSESS THE RISK OF LUNG DISEASE
- O PAD AWARE - TO ASSESS THE RISK OF PERIPHERAL ARTERY DISEASE
- O DIABETESAWARE - TO ASSESS THE RISK OF DIABETES
- O SLEEPAWARE - TO ASSESS THE RISK OF OBSTRUCTIVE SLEEP DISORDER

BE TOBACCO FREE CLINIC

CENTRA HEALTH'S PULMONARY REHABILITATION PROGRAM PERIODICALLY HOLDS FREE, FOUR-WEEK BE TOBACCO FREE CLINICS FOR PEOPLE CONSIDERING A TOBACCO-FREE LIFE, WHETHER IT'S SMOKING OR CHEWING TOBACCO.

HEALTH SCREENINGS AND COMMUNITY HEALTH EDUCATION

CENTRA PROVIDES SPONSORSHIP AND SUPPORT OF COMMUNITY HEALTH EDUCATION AND HEALTH SCREENING PROGRAMS. HEALTH AND WELLNESS TOPICS SPAN THE HEALTH

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AND WELLNESS CONTINUUM, ADDRESSING BOTH WELLNESS AND DISEASE-RELATED ISSUES. HEALTH SCREENINGS PROVIDED THROUGHOUT THE REGION INCLUDE BLOOD SUGAR, CHOLESTEROL, BODY FAT PERCENTAGE, PULMONARY FUNCTION, PSA FOR PROSTATE CANCER, SKIN AND COLORECTAL CANCER, BLOOD PRESSURE SCREENINGS AND OSTEOPOROSIS SCREENINGS. MAMMOGRAPHY SCREENINGS ARE ALSO PROVIDED AT NO CHARGE TO WOMEN WHO ARE UNDERINSURED OR UNINSURED.

SLEEP DISORDERS CENTER OUTREACH

THE SLEEP DISORDERS CENTER AT VIRGINIA BAPTIST HOSPITAL PARTICIPATED IN NUMEROUS HEALTH FAIRS AT LOCAL BUSINESSES AND CHURCHES IN THE COMMUNITY. STAFF MEMBERS GAVE LECTURES AND PRESENTATIONS ON SLEEP DISORDERS. PRESENTATIONS INCLUDED INFORMATION RELATED TO HEALTHY SLEEP HABITS, THE IMPORTANCE OF SLEEP, HEALTH RISKS DUE TO SLEEP DISORDERS AND TREATMENT OPTIONS. IN 2013, APPROXIMATELY 1,617 PEOPLE WERE SERVED.

THE WITNESS PROJECT

THE WITNESS PROJECT IS A VERY IMPORTANT PART OF THE ONCOLOGY BREAST NAVIGATION PROGRAM AT CENTRA. THE PROGRAM TARGETS THE UNDERSERVED IN LYNCHBURG AND THE SURROUNDING COUNTIES.

AS PART OF THE PROGRAM, LAY HEALTH EDUCATORS AND BREAST CANCER SURVIVORS TRAIN WITH REGISTERED NURSES (BREAST NAVIGATORS), TO BRING CULTURALLY COMPETENT PROGRAMS TO WOMEN IN COMMUNITY SETTINGS. THE PROJECT, PART OF A NATIONAL PROGRAM AND THE FIRST IN VIRGINIA, RECEIVES SUPPORT FROM CENTRA, CENTRA HEALTH FOUNDATION AND SUSAN G. KOMEN FOR THE CURE. VOUCHERS FOR

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SCREENING AND DIAGNOSTIC MAMMOGRAMS ARE ALSO AVAILABLE TO UNINSURED WOMEN WITH FINANCIAL NEEDS. THE ONCOLOGY BREAST NAVIGATION PROGRAM THROUGH THE HELP OF THE WITNESS PROJECT VOLUNTEERS SERVED 915 PEOPLE IN 2013.

COMMUNITY CLASSES

IN ADDITION TO FREE SCREENINGS, SUPPORT GROUPS AND COMMUNITY OUTREACH, CENTRA ALSO PROVIDED EDUCATIONAL CLASSES TO THE COMMUNITY ON A BROAD RANGE OF HEALTH AND WELLNESS TOPICS. CLASSES INCLUDE, BUT NOT LIMITED TO, FAMILY EMERGENCY CARE (CPR), BABY CARE, INFANT MASSAGE, BREAST-FEEDING, LAMAZE, PUBERTY, SAFE SITTER, NEW SIBLING CLASSES, DIABETES, WEIGHT MANAGEMENT, SMOKING CESSATION, DEPRESSION, AND HEART DISEASE.

SUPPORT GROUPS

SUPPORT GROUPS-OFFERED TO THE COMMUNITY WITHOUT CHARGE-PROVIDE A FORUM FOR EDUCATION AND THE EXCHANGE OF IDEAS. THESE GROUPS ADDRESS AN ARRAY OF ISSUES INCLUDING BEREAVEMENT, BREAST CANCER, PROSTATE CANCER, SLEEP DISORDERS AND CARDIAC REHABILITATION.

BEREAVEMENT SUPPORT GROUPS

RESOLVE THROUGH SHARING BEREAVEMENT SUPPORT GROUP IS FOR PARENTS WHO HAVE EXPERIENCED THE LOSS OF A BABY IN PREGNANCY OR INFANCY, INCLUDING ECTOPIC PREGNANCY, MISCARRIAGE, STILLBIRTH, MEDICAL INTERRUPTION, NEONATAL DEATH OR SIDS. PARENTS SHARE THEIR EXPERIENCES AND COPING STRATEGIES AND A LENDING LIBRARY IS AVAILABLE AT EACH MEETING.

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GRIEF 101 IS A ONE-TIME ONLY, DROP-IN GRIEF SUPPORT GROUP FOR THE NEWLY BEREAVED. IT IS OFFERED THE THIRD TUESDAY OF EVERY MONTH FROM NOON TO 1:30PM AND IT IS FACILITATED BY A CLINICAL SOCIAL WORKER. IT PROVIDES A GENERAL OVERVIEW OF THE GRIEF PROCESS AND ALLOWS PERSONS WHO ARE GRIEVING TO BEGIN TO SHARE THEIR STORY OF GRIEF AND LOSS AS THEY MOVE TOWARD HOPE AND HEALING. IN 2013, 27 PERSONS ATTENDED GRIEF 101.

IN 2013, CENTRA HOSPICE BEREAVEMENT PROGRAM, ALSO, OFFERED THREE GRIEF SUPPORT GROUP SERIES. TWO, SIX-WEEK GRIEF SUPPORT GROUP SERIES PROVIDED AN INTERDISCIPLINARY AND HOLISTIC EDUCATIONAL AND SUPPORTIVE GROUP FORMAT. (THE HOSPICE MEDICAL DIRECTOR, THREE HOSPICE CLINICAL SOCIAL WORKERS, AND TWO HOSPICE CHAPLAINS SERVED AS FEATURED SPEAKERS.) ONE, FIVE-WEEK SERIES, WHICH MET ON SATURDAYS, ENGAGED THE GRIEF AND MOURNING PROCESS THROUGH CREATIVE EXPRESSION WHILE PROVIDING A SIMILAR EDUCATIONAL AND SUPPORTIVE FORMAT. THE MULTI-SESSIONS GROUPS WERE HELD FOR AN HOUR-AND-A-HALF EACH WEEK, ON CONSECUTIVE WEEKS (EITHER SIX OR FIVE, DEPENDING ON GROUP FORMAT). A TOTAL OF 26 INDIVIDUALS ATTENDED A GRIEF SUPPORT GROUP SERIES IN 2013.

CENTRA HOSPICE ALSO OFFERED A GRIEF AND THE HOLIDAYS PROGRAM AT TWO SEPARATE TIMES ON ONE DAY, WHICH WAS OPEN TO THE GENERAL COMMUNITY. APPROXIMATELY 23 PERSONS ATTENDED THIS PROGRAM, WHICH FEATURED A HOSPICE CLINICAL SOCIAL WORKER AND A HOSPICE CHAPLAIN.

OVERALL, THE CENTRA HOSPICE BEREAVEMENT PROGRAM OFFERED BEREAVEMENT

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SUPPORT TO 929 FAMILY MEMBERS OF PERSONS SERVED BY OUR HOSPICE. IN ADDITION TO OUR GRIEF SUPPORT GROUP SESSIONS, 456 SUPPORTIVE BEREAVEMENT VISITS AND/OR SUPPORTIVE BEREAVEMENT COUNSELING SESSIONS WERE HELD EITHER IN THE PERSON'S HOME OR AT THE HOSPICE OFFICE. 2,602 PHONE CALLS WERE PROVIDED TO OFFER AND/OR PROVIDE BEREAVEMENT SUPPORT.

BREAST CANCER SUPPORT GROUP

ON EAGLES WINGS BREAST CANCER SUPPORT GROUP IS OFFERED TO WOMEN DIAGNOSED WITH BREAST CANCER AT ANY STAGE OF THE DISEASE. THE SUPPORT GROUP ADDRESSES BREAST HEALTH AND RELATED ISSUES OF IMPORTANCE TO WOMEN WITH BREAST CANCER. THIS GROUP MEETS ONCE A MONTH AND REACHED 83 WOMEN IN 2013.

CENTRAL VIRGINIA AWAKE (ALERT, WELL AND KEEPING ENERGETIC) SUPPORT GROUP THIS GROUP OFFERS SUPPORT AND SHARES INFORMATION ABOUT SLEEP DISORDERS, TREATMENTS, EQUIPMENT AND SUPPLIES TO IMPROVE THE QUALITY OF SLEEP.

MAN TO MAN

MAN TO MAN IS AN AMERICAN CANCER SOCIETY EDUCATIONAL SUPPORT GROUP DESIGNED TO MEET THE NEEDS OF MEN DIAGNOSED WITH PROSTATE CANCER AND SPOUSES OR CAREGIVERS. THIS SUPPORT GROUP MEETS AT THE ALAN B. PEARSON REGIONAL CANCER CENTER AND IS SUPPORTED THROUGH OUR PROSTATE CANCER NAVIGATION PROGRAM.

MENDED HEARTS/CARDIAC REHAB SUPPORT GROUPS

THESE CARDIAC-RELATED SUPPORT GROUPS OFFER EDUCATION AND EMOTIONAL

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SUPPORT TO CARDIAC PATIENTS AND THEIR FAMILIES.

IN-KIND & DONATIONS

" DURING 2013, CENTRA DONATED OVER \$244,199 IN MEDICAL SUPPLIES TO GLEANING FOR THE WORLD AND OTHER VARIOUS ORGANIZATIONS AND AGENCIES IN THE REGION.

" CENTRA DONATED OVER \$2,429 IN MISCELLANEOUS FURNITURE TO HABITAT FOR HUMANITY, HORIZON BEHAVIORAL HEALTH, AND SALVATION ARMY, DURING 2013. CENTRA ALSO ALLOWED COMMUNITY AGENCIES AND ORGANIZATIONS THE USE OF MANY OF THE MEETING ROOMS THROUGHOUT ITS FACILITIES.

" DURING 2013, CENTRA LAB PROCESSED A COMBINED TOTAL OF 3,324 LABORATORY TESTS FOR CENTRAL VIRGINIA FREE CLINIC AND HEART OF VA FREE CLINIC CLIENTS AT NO CHARGE. THIS DONATED SERVICE RESULTED IN A COMMUNITY BENEFIT EXCEEDING \$260,124.

" DURING 2013, A TOTAL OF 3,334 MEALS WERE PROVIDED TO THE LYNCHBURG MEALS ON WHEELS PROGRAM AT A COST OF APPROXIMATELY \$9,335.2

SPECIAL NEEDS PROJECTS & MENTORING

CENTRA PROVIDES AND PROMOTES MANY SPECIAL NEED PROJECTS AND MENTORING OPPORTUNITIES. EDUCATIONAL OPPORTUNITIES ARE OFFERED TO STUDENTS IN A BROAD RANGE OF PROFESSIONAL AND TECHNICAL PROGRAMS. AT CENTRA, STUDENTS GAIN EXPERIENCE IN NURSING, TECHNICAL AND CLINICAL PROFESSIONS. SEVERAL HIGH SCHOOLS AND UNIVERSITIES IN VIRGINIA ROTATE STUDENTS THROUGH

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CENTRA'S FACILITIES WITH CENTRA STAFF MEMBERS, GIVING THESE STUDENTS THE OPPORTUNITY TO TRAIN AND GAIN EXPERIENCE IN THEIR CHOSEN CAREER FIELDS.

HERE IS A LIST OF SPECIAL PROJECTS CENTRA SUPPORTS:

BEDS & BRITCHES, ETC. (B.A.B.E.)

B.A.B.E. IS A PRENATAL CARE INCENTIVE PROGRAM DESIGNED IN RESPONSE TO FETAL & INFANT MORTALITY REVIEW (FIMR) FINDINGS THAT SHOWED LACK OF PRENATAL CARE WAS A COMMON RISK FACTOR AMONG INFANT DEATH CASES. TO INCREASE THE NUMBER OF WOMEN WHO RECEIVE EARLY AND CONSISTENT PRENATAL CARE, WOMEN WHO PARTICIPATE IN THE PROGRAM RECEIVE INCENTIVES FOR COMPLIANCE WITH PRENATAL CARE. WOMEN WITH HOUSEHOLD INCOMES OF \$30,000 OR LESS ANNUALLY, MEDICAID RECIPIENTS AND PREGNANT TEENS ARE ELIGIBLE. THE B.A.B.E. PROGRAM IS MANAGED BY THE CHILDBIRTH AND FAMILY EDUCATION DEPARTMENT AT CENTRA, AND RECEIVES SUPPORT FROM THE CHILDREN'S MIRACLE NETWORK, AND COMMUNITY FUND-RAISING EVENTS. A TOTAL OF 160 NEW CLIENTS PARTICIPATED IN THE B.A.B.E. PROGRAM IN 2013, WITH A TOTAL OF 211 VISITS FOR NEW AND RETURNING PARTICIPANTS.

COMMUNITY VOICE - DECREASING AFRICAN AMERICAN INFANT MORTALITY CREATED AS AN INTERVENTION BASED ON FETAL & INFANT MORTALITY REVIEW (FIMR) FINDINGS AND A NEED TO ADDRESS RACIAL DISPARITY IN INFANT MORTALITY RATES, COMMUNITY VOICE IS A GRASSROOTS COMMUNITY-BASED, COMMUNITY-PARTNERED OUTREACH INTERVENTION PROGRAM DESIGNED TO HELP REDUCE DISPARITIES IN INFANT DEATH THROUGH IMPLEMENTATION OF THE TAKING IT TO THE PEOPLE CURRICULUM. THE CURRICULUM CONSISTS OF FIVE TWO-HOUR SESSIONS

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AND COVERS BASIC PERINATAL HEALTH TOPICS AND PSYCHOSOCIAL ISSUES THAT IMPACT INFANT DEATH. ONCE TRAINED PROGRAM PARTICIPANTS BECOME LAY HEALTH ADVISERS AND SHARE THE INFORMATION LEARNED WITH FAMILY, FRIENDS AND PEOPLE IN THEIR INDIVIDUAL NEIGHBORHOODS.

DURING 2013, OVER 4,400 COMMUNITY RESIDENTS RECEIVED INFORMATION ON SAFE SLEEP, BREASTFEEDING, THE IMPORTANCE OF FOLIC ACID, PROPER NUTRITION, SUBSTANCE USE, PRETERM BIRTH, PRENATAL CARE AND OTHER PERINATAL HEALTH TOPICS THROUGH A COMBINATION OF THE FOLLOWING COMMUNITY VOICE ACTIVITIES:

- " TAUGHT 1 SAFE SITTING CLASS
- " TAUGHT 5 BREASTFEEDING CLASSES
- " TAUGHT 66 LYNCHBURG COMMUNITY VOICE CLASSES
- " TAUGHT 9 FARMVILLE COMMUNITY VOICE CLASSES
- " PLAN AND HOSTED SISTER TO SISTER BABY SHOWER
- " PARTICIPATED IN 4 HEALTH FAIRS
- " PRESENTED AT 9 COMMUNITY EVENTS
- " CO-DEVELOPED CENTRA INFANT MORTALITY STRATEGIC PLAN
- " WROTE BABY BASICS MARCH OF DIMES GRANT
- " ATTENDED CONGREGATIONAL HEALTH PROMOTER CERTIFICATION TRAINING
- " ATTENDED SMARTBOARD TRAINING
- " ATTENDED BABY BASICS 2 DAY TRAINING
- " ATTEND VIRGINIA HEALTH COMMISSIONER'S INFANT MORTALITY WORKGROUP
- " DEVELOPED TEN STEPS TENT CARD BESTFED

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- " DEVELOPED PACIFIER CARDS FOR BESTFED
- " REDEVELOPED AFRICAN AMERICAN BREASTFEEDING BROCHURE
- " UPDATE COMMUNITY VOICE MANUALS
- " SPOKE AT VIRGINIA PREMIER EVENT
- " DEVELOPED BREASTFEEDING BULLETIN BOARD
- " DEVELOPED POWERPOINT PRESENTATION FOR BESTFED INITIATIVE
- " DEVELOPED BESTFED MATERIALS FOR CENTER FOR CHILDBIRTH AND FAMILY EDUCATION
- " WORKED ON CHILDBIRTH AND FAMILY EDUCATION FOLDERS
- " DEVELOP CONSUMER HANDOUTS FOR BABY FRIENDLY INITIATIVE
- " UPDATED STORY BOARD FOR BREASTFEEDING INITIATIVE
- " ASSISTED WITH I AM WOMAN RACE
- " DEVELOPED PARTNERSHIPS WITH AN AGENCY AND 2 CHURCHES IN FARMVILLE
- " ASISTED WITH COMMUNITY ACTION TEAM
- " ONGOING ACTIVE RECRUITMENT OF LAY HEALTH ADVISORS IN LYNCHBURG AND FARMVILLE

FORENSIC NURSE PROGRAM

THE FORENSIC NURSE PROGRAM BEGAN IN 1997. IT CONSISTS OF REGISTERED NURSES TRAINED IN THE COLLECTION OF FORENSIC EVIDENCE. THE FORENSIC NURSES WORK WITH LAW ENFORCEMENT, SOCIAL SERVICES AND THE COURT SYSTEM. WE RESPOND TO VICTIMS OF PHYSICAL ASSAULT, SEXUAL ASSAULT AND ABUSE AND NEGLECT IN BOTH THE ADULT AND PEDIATRIC POPULATION. WE PROVIDE EDUCATIONAL/TRAINING LECTURES TO RESCUE AGENCIES, POLICE DEPARTMENTS, POLICE ACADEMY, ATTORNEYS AND VARIOUS COLLEGES INCLUDING THE CRIMINAL JUSTICE AND NURSING PROGRAMS. THIS PROGRAM SERVES CLIENTS FROM CENTRAL

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VIRGINIA AND THE SURROUNDING AREA. IN 2013, THE PROGRAM HANDLED 559 CASES.

HOSPITALITY SUITES

CENTRA PROVIDES HOSPITALITY SUITES, WHICH INCLUDE OVERNIGHT ACCOMMODATIONS FOR PATIENT FAMILIES WHO NEED TO STAY CLOSE TO THEIR HOSPITALIZED FAMILY MEMBER. THERE IS NO CHARGE FOR THE SUITES. SUITES ARE LOCATED AT VIRGINIA BAPTIST HOSPITAL AND LYNCHBURG GENERAL HOSPITAL.

THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA

THE INFECTIOUS DISEASES CENTER OF CENTRAL VIRGINIA IS A PARTNERSHIP BETWEEN INDEPENDENT SERVICE PROVIDERS, MEDICAL ASSOCIATES OF CENTRAL VIRGINIA AND CENTRA TO PROVIDE MEDICAL CARE, PHARMACEUTICAL ACCESS AND SUPPORT SERVICES TO PEOPLE WITH HIV/AIDS. THE CENTERS IN LYNCHBURG AND DANVILLE SERVED 414 CLIENTS IN 2013.

RIVERMONT SCHOOLS

CENTRA'S RIVERMONT SCHOOLS PROVIDE SPECIALIZED EDUCATION FOR STUDENTS WITH BEHAVIORAL OR EMOTIONAL CONCERNS AS WELL AS STUDENTS ON THE AUTISM SPECTRUM. NINE SCHOOLS THROUGHOUT VIRGINIA ADDRESS THE NEEDS OF MORE THAN 410 STUDENTS AND OPERATE ON A 180-DAY SCHOOL YEAR CALENDAR. RIVERMONT SCHOOLS ARE LOCATED IN LYNCHBURG, ROANOKE, CHASE CITY, DAN RIVER, HAMPTON ROADS, TIDEWATER, ALLEGHANY, ROCKBRIDGE, AND FREDERICKSBURG.

THE RIVERMONT SCHOOLS PROVIDE A UNIQUE, SUPPORTIVE ENVIRONMENT SERVING

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CHILDREN AND ADOLESCENTS WITH EMOTIONAL PROBLEMS, BEHAVIOR DISORDERS AND LEARNING DISABILITIES. ACADEMIC SUBJECTS ARE TAUGHT IN AN ENVIRONMENT THAT PROMOTES BEHAVIORAL MANAGEMENT, INTERPERSONAL SKILLS, FAMILY INVOLVEMENT AND SOCIAL AWARENESS.

VOLUNTEER SERVICES

CENTRA HAS MANY DEDICATED VOLUNTEERS FROM THROUGHOUT CENTRAL VIRGINIA WHO CHOOSE TO GIVE BACK TO THEIR COMMUNITY BY DONATING THEIR TIME AND TALENTS.

GUGGENHEIMER VOLUNTEER SERVICES

OVER 60 VOLUNTEERS DONATED TIME AT GUGGENHEIMER HEALTH AND REHABILITATION CENTER TO PROVIDE RESIDENTS WITH ENRICHMENT AND INTERACTION THROUGH THE "ENHANCING LIVES EVERY DAY" PROGRAM. THEY SUPPORT MANY AREAS OF THE PROGRAM BY PROVIDING MUSICAL ENTERTAINMENT, EXERCISE CLASSES AND CRAFT CLASSES AS WELL AS ASSISTANCE IN TRANSPORTING RESIDENTS AND ANSWERING THE PHONE.

HOSPICE VOLUNTEERS

IN 2013, 112 VOLUNTEERS DONATED 7,597 HOURS OF SERVICE TO THE HOSPICE PROGRAM. A LARGE PORTION OF THEIR TIME AND TALENT WAS COMMITTED TO THE HOSPICE HOUSE. VOLUNTEERS SUPPORT THE HOSPICE HOUSE BY GROCERY SHOPPING, MEAL PREPARATION, CLEANING AND DECORATING, INTERACTING WITH PATIENTS AND FAMILIES AND OFFERING SUPPORT TO FAMILIES WHO HAVE LOST A LOVED ONE. THE VOLUNTEERS HAVE REPORTED DRIVING MORE THAN 66,191 MILES IN 2013.

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STORIES OF ASSISTANCE THRU DONATIONS

CENTRA HEALTH, INC. DONATES FUNDS TO MANY COMMUNITY ORGANIZATIONS AND TO CENTRA HEALTH FOUNDATION ON AN ANNUAL BASIS. NUMEROUS INDIVIDUALS BENEFIT FROM THE VARIOUS PROGRAMS AND ASSISTANCE PROVIDED WITH THE HELP OF THESE DONATIONS. SOME OF THE LOCAL ORGANIZATIONS WHICH CENTRA ASSISTED IN 2013 ARE AMAZEMENT SQUARE, AMERICAN CANCER SOCIETY, CENTRAL VIRGINIA FOUNDATION FOR ECONOMIC EDUCATION AND IMPROVEMENT, INC., CENTRAL VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, MARCH OF DIMES, AND UNITED WAY OF CENTRAL VIRGINIA, TO NAME A FEW.

BELOW ARE A FEW PERSONAL STORIES OF HOW CENTRA HEALTH FOUNDATION IS ABLE TO ASSIST PATIENTS THRU DONATED FUNDS.

A MAN IN HIS MID-FIFTIES WHO CARES FOR HIS DISABLED SON WAS TREATED FOR A HEART CONDITION. HE HAD NO INCOME OF HIS OWN, RECEIVED STATE ASSISTANCE THROUGH FOOD STAMPS FOR THEM, AND FACED A BILL IN THE AMOUNT OF \$36,000. THE CENTRA FOUNDATION PROVIDED THE FUNDS FOR HIS CARE.

A WOMAN IN HER LATE FIFTIES WAS TREATED FOR A HEART CONDITION. SHE IS A CAREGIVER FOR HER HUSBAND, WHO HAS SUFFERED A STROKE, AND HAS HAD TO FIGHT FOR HIM TO RECEIVE DISABILITY BENEFITS FOR HIM THREE TIMES. SHE WAS FACING A BILL OF OVER \$97,000 AND RECEIVED ASSISTANCE FROM THE CENTRA FOUNDATION.

A 60 YEAR-OLD WOMAN WAS BEGINNING TREATMENT FOR CANCER. THE ONLY INCOME SHE AND HER HUSBAND HAD WAS HIS SOCIAL SECURITY BENEFITS, THE AMOUNT OF

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WHICH WAS APPROXIMATELY \$16,000 FOR THE YEAR. THE CENTRA FOUNDATION PROVIDED APPROXIMATELY \$65,000 FOR HER TREATMENT.

ANOTHER PATIENT ASSISTED BY THE CENTRA FOUNDATION WAS A SINGLE WOMAN IN HER EARLY FIFTIES WHO HAD RECENTLY LOST HER 30-YEAR POSITION WHEN THE PLANT CLOSED. SHE HAD STARTED A NEW PART-TIME JOB AND HAD OBTAINED HEALTHCARE COVERAGE THROUGH THE HEALTHCARE EXCHANGE WITH INSURANCE BENEFITS TO START ON MAY 1. SHE DISCOVERED SHE HAD CANCER AND NEEDED SURGERY IN THE MONTH OF APRIL. THE CENTRA FOUNDATION PROVIDED ASSISTANCE IN THE AMOUNT OF \$41,000.

THESE ARE JUST A FEW OF THE HEART-WRENCHING STORIES OF OUR PATIENTS. WE ALL KNOW THAT ILLNESS DOESN'T DISCRIMINATE; IT AFFECTS PEOPLE FROM ALL WALKS OF LIFE, ALL AGES, ALL RACES, AND ALL GENDERS. THESE PATIENTS WERE GRATEFUL FOR THE ASSISTANCE THEY RECEIVED AND SOME EVEN CRIED TEARS OF RELIEF WHEN THEY HEARD THEIR BILLS HAD BEEN COVERED THROUGH THE ASSISTANCE OF THE CENTRA FOUNDATION.

LETTER TO LOCAL NEWSPAPER OFFICE IN LYNCHBURG, VA REGARDING CENTRA ROSEMARY & GEORGE DAWSON INN

BELOW IS A COPY OF A LETTER SENT TO "THE NEWS & ADVANCE", A LOCAL NEWSPAPER, WHICH PERTAINS TO THE NEWLY OPENED INN, BUILT AND PROVIDED BY CENTRA HEALTH, FOR FAMILY MEMBERS OF PATIENTS WHO LIVE A GOOD DISTANCE FROM LYNCHBURG, VA. THIS IS JUST ANOTHER EXAMPLE OF HOW CENTRA HEALTH IS

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PROVIDING ASSISTANCE TO ITS COMMUNITY. BY PROVIDING A PLACE FOR FAMILY MEMBERS TO STAY WHILE THEIR LOVED ONE IS HOSPITALIZED, THE PATIENT'S (AND FAMILY MEMBER'S) EXPERIENCE IS LESS STRESSFUL.

LETTER TO THE EDITOR

THE NEWS AND ADVANCE

101 WYNDALE AVENUE

LYNCHBURG, VIRGINIA 24501

CENTRA ROSEMARY & GEORGE DAWSON INN - A GREAT ASSET TO LYNCHBURG

I WOULD LIKE TO MAKE LYNCHBURG AND THE SURROUNDING COMMUNITIES AWARE OF A GREAT NEW ADDITION TO THE OUTSTANDING MEDICAL FACILITIES IN LYNCHBURG. THE NEW CENTRA ROSEMARY & GEORGE DAWSON INN, WHICH OPENED IN DECEMBER 2012, WAS A RESULT OF THE COLLABORATION BY CENTRA PHYSICIANS, ADMINISTRATION, BOARD MEMBERS, VOLUNTEERS, GENEROUS DONORS, AND THE CENTRA FOUNDATION. THE INN PROVIDES FAMILY-CENTERED, HOME-LIKE LODGING AND SUPPORT SERVICES TO PATIENTS AND THEIR FAMILY MEMBERS WHO ARE RECEIVING MEDICAL TREATMENT FAR FROM THEIR OWN COMMUNITIES. THE INN WAS NAMED AFTER RETIRED CENTRA PRESIDENT & CEO GEORGE DAWSON AND HIS WIFE ROSEMARY, BOTH OF WHOM MADE INVALUABLE CONTRIBUTIONS TO HEALTHCARE IN CENTRAL VIRGINIA.

MY WIFE AND I HAVE HAD THE OPPORTUNITY TO LEARN FIRST HAND WHAT A

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WONDERFUL FACILITY THE DAWSON INN IS. MY WIFE WAS DIAGNOSED WITH A PITUITARY TUMOR REQUIRING 6 WEEKS OF RADIATION TREATMENTS AT THE ALAN B. PEARSON CANCER CENTER. SINCE WE LIVE 100 MILES FROM LYNCHBURG, DAILY TRAVEL TO THE CANCER CENTER WAS IMPOSSIBLE. IMAGINE HOW DELIGHTED WE WERE TO FIND THIS ACCOMMODATION FOR US WHILE SHE WAS UNDERGOING HER TREATMENTS. HAVING BEEN HERE FOR OVER A MONTH, WE HAVE BECOME WELL ACQUAINTED WITH THE FACILITY AND WHAT A TREASURE IT IS. THE ROOMS ARE COMFORTABLE AND CONVENIENTLY LOCATED TO THE COMMUNITY KITCHEN, A SPACIOUS LOUNGE AND DINING AREA, AND THE LAUNDRY. THE KITCHEN IS STOCKED WITH FOOD, REFRIGERATORS, A STOVE, A MICROWAVE, AND ALL THE COMFORTS OF HOME. THE STAFF PREPARES BREAKFAST ITEMS AND COFFEE MOST MORNINGS. THERE IS A MODEST DAILY CHARGE, WHICH COVERS NOT ONLY THE LODGING, BUT THE FOOD AND USE OF THE LAUNDRY.

THE INN HAS AN EXCELLENT STAFF THAT IS SENSITIVE TO THE NEEDS OF THEIR GUESTS AND HAVE MADE OUR STAY AWAY FROM HOME PLEASANT AND COMFORTABLE. IN ADDITION TO THE STAFF, THERE ARE MANY VOLUNTEERS WHOSE PRIMARY DUTY IS TO ASSIST THE STAFF IN SERVING THE MANY FAMILIES WHO HAVE A FAMILY MEMBER WHO IS IN LYNCHBURG GENERAL, BAPTIST HOSPITAL, OR RECEIVING TREATMENT AT THE PEARSON CANCER CENTER. DURING OUR STAY, WE HAVE MET PATIENT'S FAMILIES FROM MANY COMMUNITIES AROUND SOUTHSIDE VIRGINIA, AS WELL AS OTHER PARTS OF THE STATE, BUT ALSO AS FAR AWAY AS COLORADO, FLORIDA, SOUTH CAROLINA, AND NORTH CAROLINA. LIKE US, THE DAWSON INN WAS AN ANSWER TO OUR PRAYERS ENABLING US TO HAVE, NOT ONLY THE EXCELLENT TREATMENT OF THE MEDICAL COMMUNITY, BUT HELP AT A DIFFICULT TIME IN OUR LIVES. I

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WOULD BE REMISS IF I DID NOT COMMENT ON THE OUTSTANDING MEDICAL COMPLEX
HERE IN LYNCHBURG. MY WIFE HAS MANY PHYSICAL PROBLEMS, WHICH REQUIRE THE
SERVICES OF A VARIETY OF SPECIALISTS. WE ARE AMAZED THAT PRACTICALLY
EVERY SPECIALTY ONE WOULD NEED IS LOCATED WITHIN A FEW BLOCKS OF THIS
FACILITY. IN ADDITION, THE ER AT LYNCHBURG GENERAL SAW OVER 100,000
PATIENTS LAST YEAR, ONE OF THE BUSIEST IN THE STATE.

WE JUST WANTED TO LET THE PEOPLE OF LYNCHBURG KNOW WHAT A JEWEL THEY HAVE
WITH THE NEW DAWSON INN THAT COMPLIMENTS THE ALREADY OUTSTANDING MEDICAL
COMPLEX. WE WANT TO SAY THANK YOU TO THE MANY BENEFACTORS, COMPANIES,
CHURCHES, AND OTHER ORGANIZATIONS THAT HAVE CONTRIBUTED SO GENEROUSLY TO
MAKE THIS FACILITY POSSIBLE. THE COMMUNITY SHOULD BE PROUD OF WHAT THEY
HAVE, AS THEY ARE MOST FORTUNATE. WE WILL CONTINUE TO SING THEIR PRAISES.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS RODGER FAUBER AND STUART FAUBER HAVE A FAMILY
RELATIONSHIP.

BOARD MEMBER AUGUSTUS PETTICOLAS, JR, IS OFFICER AND DIRECTOR OF THE BANK
OF THE JAMES. BOARD MEMBER JULIE DOYLE AND OFFICER LEWIS ADDISON ARE EACH
BOARD MEMBERS OF THE BANK OF THE JAMES, LYNCHBURG, VA.

OFFICERS DAVID ADAMS AND E.W. TIBBS ARE DIRECTORS OF HEALTHWORKS, WHICH
IS OWNED 50% BY SCOTT INSURANCE, OF WHICH BOARD MEMBER WALKER SYDNOR IS
AN OFFICER OF THE BOARD.

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OFFICER LEWIS ADDISON IS BOARD MEMBER OF CENTRAL VIRGINIA IMAGING.

OFFICER E.W. TIBBS SERVES AS OFFICER OF CENTRAL VIRGINIA IMAGING, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICERS LEWIS ADDISON, DAVID ADAMS, AND BOARD MEMBER CONSUELLA WOODS ARE EACH BOARD MEMBERS OF THE BEDFORD MEMORIAL HOSPITAL, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICERS DAVID ADAMS AND LEWIS ADDISON ARE BOTH OFFICERS OF THE BOARD OF PIEDMONT COMMUNITY HEALTH PLAN. OFFICER E.W. TIBBS IS A BOARD MEMBER OF PIEDMONT COMMUNITY HEALTH PLAN. BOARD MEMBERS MICHAEL BRADFORD, RODGER FAUBER, AND MARC SCHEWEL ARE EACH BOARD MEMBERS OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICERS LEWIS ADDISON AND E.W. TIBBS ARE BOARD MEMBERS OF THE SURGERY CENTER OF LYNCHBURG, LLC, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 8A & B:
MINUTES ARE TAKEN AT EACH MEETING.

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

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

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FORM 990, PART VI, SECTION B, LINE 16B:

JOINT VENTURE POLICY - CENTRA HEALTH, INC. DID NOT HAVE A FORMAL WRITTEN JOINT VENTURE POLICY RELATING TO MONITORING JOINT VENTURES AT THE CLOSE OF THE 2013 TAX YEAR. THE ORGANIZATION IS DEVELOPING A FORMAL POLICY TO BECOME EFFECTIVE IN THE 2014 YEAR FORWARD.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART IX, LINE 11G:

OTHER FEES FOR SERVICES

OTHER	93,117
PURCHASED & CONTRACTED SVCS	41,967,254
PROFESSIONAL FEES	20,408,507

TOTAL	62,468,878

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS

CHANGE IN PENSION REPORTING	42,660,385
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	11,906,652
NET ASSETS RELEASED FROM RESTRICTIONS TO AFFILIATED ENTITIES	(213,363)
MINORITY INTEREST	(63,037)

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TOTAL TO FORM 990, PART XI, LINE 9

54,290,637

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MEDICAL ASSOCIATES OF CENTRAL VIRGINIA 2215 LANDOVER PLACE LYNCHBURG, VA 24501	PHYSICIAN SERVICES	9,707,038.
HERITAGE HEALTHCARE 536 OLD HOWELL ROAD GREENVILLE, SC 29615	THERAPY MGMT SVCS	4,312,786.
VIRGINIA HOSPITAL LAUNDRY 1601 OLIVER HILL WAY RICHMOND, VA 23219	LAUNDRY/LINEN SVCS	2,217,624.
PATHOLOGY CONSULTANTS 1914 THOMSON DRIVE LYNCHBURG, VA 24501	PHYSICIAN SVCS	1,413,430.
LYNCHBURG PULMONARY ASSOCIATES 2011 TATES SPRINGS ROAD LYNCHBURG, VA 24501	PHYSICIAN SERVICES	1,409,464.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CENTRA HEALTH, INC

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 27-0927253 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	CAPTIVE INSUR	VT	3,541,250.	18,815,180.	CENTRA HEALT
(2) CENTRA HEALTH EMERGENCY PHYSICIAN SERVIC 20-5965653 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	EMERGENCY PHY	VA	4,064,325.	0	CENTRA HEALT
(3) CENTRAL VIRGINIA HOSPITAL FOR RESTORATIV 20-4712023 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	HEALTHCARE	VA	10,515,794.	2,811,179.	CENTRA HEALT
(4) CENTRA MEDICAL GROUP, LLC 20-3639329 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	PHYSICIAN SVC	VA	49,061,655.	17,373,964.	CENTRA HEALT
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHSIDE COMMUNITY HOSPITAL 54-0555201 800 OAK STREET FARMVILLE, VA 23901	HEALTHCARE	VA	501(C)(3)	LINE 3	N/A	X	
(2) CCRC INC 54-1929580 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	HEALTHCARE	VA	501(C)(3)	LINE 11A, I	N/A	X	
(3) CENTRA HEALTH FOUNDATION, INC 54-1604094 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	SUPPORTING OR	VA	501(C)(3)	LINE 11A, I	N/A	X	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GENERAL BUSINESS CONCERNS, INC 54-1299682 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	REAL ESTATE-PHYSI	VA	N/A	C CORP	708,158	3,078,761	100 0000	X	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CENTRA HEALTH FOUNDATION, INC	B	501,155.	BOOK VALUE
(2) CENTRA HEALTH FOUNDATION, INC.	C	2,287,484.	BOOK VALUE
(3) CENTRA HEALTH FOUNDATION, INC.	P	927,019.	BOOK VALUE
(4) SOUTHSIDE COMMUNITY HOSPITAL, INC.	B	235,628.	BOOK VALUE
(5) SOUTHSIDE COMMUNITY HOSPITAL, INC.	D	9,780,895.	BOOK VALUE
(6) SOUTHSIDE COMMUNITY HOSPITAL, INC.	Q	1,750,000.	BOOK VALUE

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CCRC, INC.	Q	100,000.	BOOK VALUE
(2) GENERAL BUSINESS CONCERNS, INC.	K	196,408.	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII Supplemental Information

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

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions CENTRA HEALTH, INC.	Employer identification number (EIN) or 54-0715569
	Number, street, and room or suite no. If a P O box, see instructions 1920 ATHERHOLT ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LYNCHBURG, VA 24501	

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

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

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

Telephone No ► 434 200-4708 FAX No ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year 2013 or

► tax year beginning _____, 20____, and ending _____, 20____

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

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

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

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	CENTRA HEALTH, INC.		Employer identification number (EIN) or	
	1920 ATHERHOLT ROAD		54-0715569	
Number, street, and room or suite no. If a P O box, see instructions		Social security number (SSN)		
1920 ATHERHOLT ROAD				
City, town or post office, state, and ZIP code For a foreign address, see instructions				
LYNCHBURG, VA 24501				

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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

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

• The books are in the care of LEWIS C. ADDISON
Telephone No 434 200-4708 Fax No

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

4 I request an additional 3-month extension of time until 11/17, 2014

5 For calendar year 2013, or other tax year beginning _____, 20____, and ending _____, 20____

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification must be completed for Part II only.

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

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