

2939814910701
VOID 61521
OMB No 1545-0047

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning 2019, and ending 2019

2019

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(c)(3)
 408(a) 220(e)
 408A 530(a)
 528(a)

C Book value of all assets at end of year: 1344282006

D Employer identification number (Employees' trust, see instructions): 54-0715669

E Unrelated business activity code (See instructions): 621500 541610

F Group exemption number (See instructions): 1344282006

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

Name of organization (Check box if name changed and see instructions): **CENTRA HEALTH, INC**

Number, street, and room or suite no. If a P.O. box, see instructions: **1920 ATHERHOLT ROAD**

City or town, state or province, country, and ZIP or foreign postal code: **LYNCHBURG, VA 24501**

H Enter the number of the organization's unrelated trades or businesses: 1 Describe the only (or first) unrelated trade or business here: ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? Yes No If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of: ANDREW MUELLER, PRESIDENT/CEO Telephone number: 434-200-4705

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>3,343,955.</u>			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		3,343,955.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4787, Part II, line 17) (attach Form 4787)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7) (B), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13		3,343,955.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debt	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	37,136.
20	Depreciation (attach Form 4562)	20	
21	Loss depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess membership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	2,659,273.
28	Total deductions. Add lines 14 through 27	28	2,696,409.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	647,546
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	647,546

For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	647,546.
33	Amounts paid for disallowed fringes	
34	Charitable contributions (see instructions for limitation rules)	64,755
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	582,791.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	582,791
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	581,791.

Part IV Tax Computation		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21).	122,176
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	
42	Proxy tax See instructions	
43	Alternative minimum tax (trusts only).	
44	Tax on Noncompliant Facility Income See instructions	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	122,176.

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3600 (see instructions).	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46d	
e	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	122,176.
48	Other taxes Check <input type="checkbox"/> from <input type="checkbox"/> Form 4255, <input type="checkbox"/> Form 8611, <input type="checkbox"/> Form 8897, <input type="checkbox"/> Form 8866, <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	122,176
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	235,737.
b	2019 estimated tax payments	51b	225,000.
c	Tax deposited with Form 8878.	51c	
d	Foreign organizations Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4138 <input type="checkbox"/> Other Total	51g	
52	Total payments Add lines 51a through 51g	52	460,737.
53	Estimated tax penalty (see instructions) Check <input type="checkbox"/> Form 2220 is attached.	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	338,561.
56	Enter the amount of line 55 you want credited to 2020 estimated tax <input type="checkbox"/> 110,000. Refunded <input type="checkbox"/>	56	228,561.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here ANDREW MUELLER, PRESIDENT/CEO
 Signature of officer Date Title

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

Paid Preparer Use Only
 Print/Type preparer's name: MARC BERGER
 Preparer's signature: [Signature]
 Date: 11/2/2020
 Check If self-employed PTIN: P01871563
 Firm's name: BDO USA, LLP
 Firm's EIN: 13-5381590
 Firm's address: 8401 GREENSBORO DRIVE, #800, MCLAN, VA 22102
 Phone no.: 703-893-0600

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

Table with 3 main sections: 1 Description of property, 2 Rent received or accrued (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income, 3(b) Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals Total dividends-received deductions included in column 8

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 8 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected (attach schedule), 4 Set-asides (attach schedule), 5 Total deductions and set-asides (col 3 plus col 4).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses (column 5 minus column 6 but not more than column 4).

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (3))

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I , ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 28
Totals, Part II (lines 1-5) , ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 , ▶			

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ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

COMMUNITY LAB EXPENSE

2,659,273.

PART II - LINE 27 - OTHER DEDUCTIONS

2,659,273.

CENTRA HEALTH, INC

ATTACHMENT 3

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	3,343,955.
ADD. DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & CARRYOVER NOL	2,696,409.
	<u>0.</u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	64,755.
CHARITABLE CONTRIBUTION	64,755.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>64,755.</u>