

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
CENTRA HEALTH INC
% ANDREW MUELLER PRESIDENT/CE
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1920 Atherholt Road
City or town, state or province, country, and ZIP or foreign postal code
Lynchburg, VA 24501

D Employer identification number
54-0715569

E Telephone number
(434) 200-4712

G Gross receipts \$ 1,295,519,285

F Name and address of principal officer:
ANDREW MUELLER
1920 Atherholt Road
Lynchburg, VA 24501

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

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

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.centrahealth.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1962

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
EXCELLENT CARE FOR LIFE

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	8,801
6 Total number of volunteers (estimate if necessary)	6	849
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,343,955
b Net unrelated business taxable income from Form 990-T, line 39	7b	581,791

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,840,717	3,086,633
9 Program service revenue (Part VIII, line 2g)	963,722,544	1,036,086,950
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,456,510	34,829,567
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,274,518	4,581,421
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	976,294,289	1,078,584,571

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,885,694	1,540,495
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	537,725,228	569,392,411
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	452,655,362	499,110,885
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	992,266,284	1,070,043,791
19 Revenue less expenses. Subtract line 18 from line 12	-15,971,995	8,540,780

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,265,868,801	1,344,282,006
21 Total liabilities (Part X, line 26)	606,364,563	645,673,099
22 Net assets or fund balances. Subtract line 21 from line 20	659,504,238	698,608,907

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-02
ANDREW MUELLER PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01871563
Firm's name ▶ BDO USA LLP Firm's EIN ▶
Firm's address ▶ 8401 GREENSBORO DRIVE 800 Phone no. (703) 893-0600
MCLEAN, VA 22102

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

EXCELLENT CARE FOR LIFE

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 925,760,114 including grants of \$ 1,540,495) (Revenue \$ 1,037,045,374)
See Additional Data

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 ▶ 925,760,114

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	574
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included in line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons...; 7b Are any governance decisions of the organization reserved to...; 8 Did the organization contemporaneously document the meetings...; 8a The governing body...; 8b Each committee with authority to act on behalf...; 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures...; 11a Has the organization provided a complete copy of this Form 990 to all members...; 11b Describe in Schedule O the process, if any, used by the organization...; 12a Did the organization have a written conflict of interest policy...; 12b Were officers, directors, or trustees, and key employees required to disclose...; 12c Did the organization regularly and consistently monitor and enforce compliance...; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review...; 15a The organization's CEO, Executive Director, or top management official...; 15b Other officers or key employees of the organization...; 16a Did the organization invest in, contribute assets to, or participate in a joint venture...; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [X] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANDREW MUELLER PRESIDENTCE 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 (434) 200-4705

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g: Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 2a-2f: NET PATIENT SERVICES REVENUE, ANCILLARY SERVICES, TUITION & EDUCATION, CONTROLLED ENTITIES, and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 3-12: Investment income, Income from tax-exempt bond proceeds, Royalties, Rental income, Net gain from sales of assets, Fundraising events, Gaming activities, Sales of inventory, and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,540,495	1,540,495		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,017,509	271,892	4,745,617	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	93,255	0	93,255	0
7 Other salaries and wages	458,590,143	413,879,686	44,710,457	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,170	6,548	622	0
9 Other employee benefits	54,314,496	48,400,073	5,914,423	0
10 Payroll taxes	51,369,838	46,912,024	4,457,814	0
11 Fees for services (non-employees):				
a Management	2,501,313	418,875	2,082,438	0
b Legal	4,298,704	3,112,894	1,185,810	0
c Accounting	349,140	68,907	280,233	0
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,737,179	0	1,737,179	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	161,339,985	134,060,516	27,279,469	0
12 Advertising and promotion	1,765,363	1,417,671	347,692	0
13 Office expenses	40,117,244	34,998,175	5,119,069	0
14 Information technology	39,927,758	0	39,927,758	0
15 Royalties	0			
16 Occupancy	13,723,565	7,876,286	5,847,279	0
17 Travel	2,290,488	2,038,929	251,559	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,943,965	1,729,009	214,956	0
20 Interest	15,883,543	15,883,543	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	43,581,962	43,581,962	0	0
23 Insurance	4,851,203	4,763,156	88,047	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	91,546,955	91,546,955	0	0
b DRUGS	72,825,577	72,825,577	0	0
c BOND COST AMORTIZATION	426,941	426,941	0	0
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,070,043,791	925,760,114	144,283,677	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	31,131,986	1	37,649,939
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	200,581,590	4	183,963,714
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	20,512,362	8	23,577,164
	9 Prepaid expenses and deferred charges	9,146,708	9	7,653,242
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,097,196,742		
	b Less: accumulated depreciation	696,244,421		
	11 Investments—publicly traded securities	340,973,679	11	400,757,414
	12 Investments—other securities. See Part IV, line 11	206,015,140	12	228,304,847
	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	45,456,233	15	61,423,365
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,265,868,801	16	1,344,282,006	
Liabilities	17 Accounts payable and accrued expenses	81,854,760	17	76,781,386
	18 Grants payable	0	18	0
	19 Deferred revenue	1,001,928	19	736,898
	20 Tax-exempt bond liabilities	407,470,685	20	417,109,680
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	25,000,000	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	91,037,190	25	151,045,135
	26 Total liabilities. Add lines 17 through 25	606,364,563	26	645,673,099
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	597,122,336	27	626,136,082
	28 Net assets with donor restrictions	62,381,902	28	72,472,825
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	659,504,238	32	698,608,907	
33 Total liabilities and net assets/fund balances	1,265,868,801	33	1,344,282,006	

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	1,078,584,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,070,043,791
3	Revenue less expenses. Subtract line 2 from line 1	3	8,540,780
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	659,504,238
5	Net unrealized gains (losses) on investments	5	34,583,415
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,019,526
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	698,608,907

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 54-0715569

Name: CENTRA HEALTH INC

Form 990 (2019)

Form 990, Part III, Line 4a:

AS THE REGIONAL HEALTH CARE LEADER, CENTRAS COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES. CENTRA HAS BEEN BRINGING BABIES INTO THE WORLD, TREATING THE SICK AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR DECADES, 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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth Saum MD Physician	50.0 0.0					X		968,657	0	47,867
Jordan Synkowski DO Physician	50.0 0.0					X		963,784	0	44,150
Chad Hoyt MD Physician	50.0 0.0					X		896,727	0	52,740
Matthew Sackett MD Physician	50.0 0.0					X		888,196	0	44,150
An Bui MD Physician	50.0 0.0					X		874,372	0	53,990
Andrew Mueller MD President/CEO (AS OF 5/19)	50.0 2.0	X		X				587,325	0	168,551
Michael Elliott SVP Chief Transformation Off	50.0 2.0			X				558,283	0	153,331
Chris Thomson MD SVP/Chief Medical Officer	50.0 0.0				X			526,418	0	135,314
Harrell Les Reed SVP-CPE/CMG PRESIDENT	50.0 0.0				X			564,029	0	36,748
David D Adams BD Sec & EVP-CSO (THRU 4/19)	50.0 0.0			X				566,729	0	14,197

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janice Jan H Walker SVP/Chf Admin Off. (THRU 4/19)	50.0 0.0				X			399,895	0	6,824
Curt Baker SVP Chief Nursing Officer	50.0 0.0				X			380,465	0	20,866
Holly Trent BD Sec & SVP-CLO (AS OF 5/19)	50.0 0.0			X				325,433	0	42,216
Verna R Sellers MD Director	50.0 0.0	X						259,567	0	12,325
David G Gough BD TREAS & SVP-CFO (THRU 4/19)	50.0 2.0			X				241,046	0	17,947
Amy G Ray Chairman of Board	2.0 0.0	X		X				0	0	0
George R Zippel Vice-Chairman of Board	2.0 0.0	X		X				0	0	0
Michael Bradford Treasurer (as of 5/19)	2.0 0.0	X		X				0	0	0
Hylan Hank Hubbard Director	2.0 0.0	X						0	0	0
Julie P Doyle Director	2.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Matthew Foster MD Director	2.0 0.0	X						0	0	0
Harold Harris Jr Director	2.0 0.0	X						0	0	0
R Sackett Wood Director	2.0 0.0	X						0	0	0
Thomas Nygaard MD Director	2.0 0.0	X						0	0	0
Amanda Stanley Director	2.0 0.0	X						0	0	0
D Todd Irby Director	2.0 0.0	X						0	0	0
Peter Caprise MD Director	2.0 0.0	X						0	0	0
Sharon Harrup Director	2.0 0.0	X						0	0	0

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.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 54-0715569

Name: CENTRA HEALTH INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		18,464
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		46,627
j	Total. Add lines 1c through 1i			65,091
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(G):	DIRECT CONTACT WITH LEGISLATORS, ETC: PAID STAFFS LOBBYING ACTIVITIES INCLUDES REGISTRATION FEES, TRAVEL TO WASHINGTON, DC AND RICHMOND, VA DURING 2019 ATTRIBUTABLE TO LOBBYING EXPENSES, HOTELS, PARKING, MEALS, ETC. WAS \$8,872. 15% OF ONE EMPLOYEES 2019 SALARY WAS ATTRIBUTABLE TO DIRECT LOBBYING: \$9,592.
SCHEDULE C, PART II-B, LINE 1(I):	OTHER LOBBYING ACTIVITIES: A PORTION OF THE ORGANIZATION'S VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION (VHHA) DUES FOR 2019 WERE ATTRIBUTABLE TO LOBBYING EXPENSES. THIS AMOUNT WAS \$46,627.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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" on Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,574,112	44,759,553	40,943,860	40,330,243	42,943,742
b Contributions	64,149				
c Net investment earnings, gains, and losses	6,541,083	-3,688,592	4,470,117	1,235,527	-2,040,466
d Grants or scholarships					
e Other expenditures for facilities and programs	633,899	496,849	654,424	621,910	573,033
f Administrative expenses					
g End of year balance	46,545,445	40,574,112	44,759,553	40,943,860	40,330,243

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

- a** Board designated or quasi-endowment ▶ 1.980 %
- b** Permanent endowment ▶ 62.440 %
- c** Temporarily restricted endowment ▶ 35.580 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

b If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,394,351		28,394,351
b Buildings		495,907,493	285,571,448	210,336,045
c Leasehold improvements		27,355,844	17,065,186	10,290,658
d Equipment		517,273,863	393,607,787	123,666,076
e Other		28,265,191		28,265,191
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				400,952,321

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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) INVEST CAPITAL-CONTROLLED ENT	228,304,847	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	228,304,847	

Part VIII Investments—Program Related.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	151,045,135

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' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-0715569

Name: CENTRA HEALTH INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4:	<p>THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE FOUNDATIONS BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY U.S. GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE FOUNDATIONS 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.</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2:	<p>CENTRA HEALTH, INC., CCRC, INC., CENTRA HEALTH FOUNDATION, SOUTHSIDE COMMUNITY HOSPITAL, INC., AND BEDFORD MEMORIAL HOSPITAL 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, CHIC, CENTRA SPECIALTY HOSPITAL, HEALTHWORKS CLINIC, LLC, CENTRAL VA. QUALITY CARE NETWORK, LLC, AND CENTRA OUTPATIENT REHABILITATION SERVICES, LLC ARE DISREGARDED FOR FEDERAL INCOME TAX PURPOSES AND, THEREFORE, ARE INCLUDED UNDER CENTRAS TAX RETURN. CENTRA HAS ADOPTED RELEVANT ACCOUNTING STANDARDS RELATED TO TAXES FOR ITS SUBSIDIARIES, GBC, PCHP HOLDING INC. AND PCHP. 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 SUBSIDIARYS 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. CHIC IS WHOLLY OWNED BY CENTRA HEALTH, INC. ANY LIABILITY FOR TAXES IS PASSED THROUGH TO CENTRA HEALTH, INC. A PROVISION WILL BE MADE WHEN OPERATIONS OF THIS SUBSIDIARY INDICATES A LIABILITY FOR TAXES. CENTRA HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2019. CENTRA BELIEVES THEY ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2016.</p>

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 CENTRA HEALTH INC

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 54-0715569

OMB No. 1545-0047
2019
Open to Public Inspection

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	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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 <i>free</i> 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 _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
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?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,266,260		20,266,260	1.890 %
b Medicaid (from Worksheet 3, column a)			155,661,298	120,277,688	35,383,610	3.310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			175,927,558	120,277,688	55,649,870	5.200 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			139,391		139,391	0.010 %
f Health professions education (from Worksheet 5)			19,384,036	10,127,354	9,256,682	0.870 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,626,092		1,626,092	0.150 %
j Total. Other Benefits			21,149,519	10,127,354	11,022,165	1.030 %
k Total. Add lines 7d and 7j			197,077,077	130,405,042	66,672,035	6.230 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			2,633		2,633	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,903		2,903	0 %
7 Community health improvement advocacy						
8 Workforce development			505		505	0 %
9 Other						
10 Total			6,041		6,041	0 %

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 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	54,147,324
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	310,074,358
6 Enter Medicare allowable costs of care relating to payments on line 5	6	402,602,129
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-92,527,771
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 type="checkbox"/> Cost accounting system <input checked="" 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	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(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 CENTRAL VIRGINIA IMA	IMAGING SERVICES	50 %	0 %	50 %
2 THE SURGERY CENTER O	OUTPATIENT SURGERY SVCS	50 %	1 %	49 %
3				
4				
5				
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Part V Facility Information**Section A. Hospital Facilities**

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

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

3

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

See Additional Data Table	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

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)
 LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
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 significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	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):	Yes	
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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.CENTRAHEALTH.COM</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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)	21	Yes
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Part V Facility Information *(continued)*

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

LYNCHBURG GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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)
 VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
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 significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	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):	Yes	
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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.CENTRAHEALTH.COM</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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)	21	Yes
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Part V Facility Information *(continued)*

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

VIRGINIA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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)
CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
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 significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	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):	Yes	
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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.CENTRAHEALTH.COM</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: 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)	21	No
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Part V Facility Information *(continued)*

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

CENTRA SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? 96

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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Form and Line Reference	Explanation
PART I, LINE 6A:	INFORMATION ON COMMUNITY BENEFIT IS REPORTED ANNUALLY THROUGH A REPORT PREPARED BY CENTRA HEALTH, INC.
PART I, LINE 7:	COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II:	<p>COMMUNITY BUILDING ACTIVITIES COMMUNITY SUPPORT: CENTRA HEALTH, INC. RECOGNIZES THE IMPORTANCE OF MAINTAINING A STRONG RELATIONSHIP WITH THE COMMUNITY IT SERVES. WE CONTINUOUSLY WORK TO SEEK OUT WAYS IN WHICH WE CAN SUPPORT THE COMMUNITY. HELPING THOSE IN NEED IS A MAIN FOCUS OF CENTRA, NOT ONLY WITH THEIR HEALTH NEEDS BUT WITH THE FUNDAMENTAL NEEDS OF INDIVIDUALS WITHIN OUR COMMUNITY, AS WELL. WE FEEL AN ESSENTIAL PART OF BEING A GOOD NEIGHBOR WITHIN THE COMMUNITY IS TO PROMOTE HEALTH, SAFETY, AND WELL-BEING ACTIVITIES IN ORDER TO BENEFIT THOSE AROUND US. CENTRA OPENS ITS CANCER CENTER FACILITY TO VARIOUS GROUPS IN ORDER FOR THEM TO MEET, SOCIALIZE, EXERCISE, DISCUSS THEIR LIFE STRUGGLES AND TO JUST ENJOY EACH OTHERS COMPANY. THE OFF THE NEEDLE KNITTING GROUP IS ONE OF THOSE GROUPS. WE ALSO HOST EXERCISE GROUPS SUCH AS MEDITATION GROUPS, TAI CHI CLASSES, AND YOGA CLASSES. COALITION BUILDING: CENTRA 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. CENTRA HOLDS HEALTH CAREER CAMPS IN ORDER TO PROMOTE THE IMPORTANCE OF HEALTHCARE PROFESSIONALS TO YOUNG ADULTS SO THEY MAY, POSSIBLY, BECOME MEMBERS OF THE HEALTHCARE COMMUNITY IN THE FUTURE. THROUGH OUT THE YEAR, WE ALSO VISIT LOCAL ELEMENTARY AND MIDDLE SCHOOLS WITHIN THE COMMUNITY TO INTRODUCE THE YOUTH TO HEALTHCARE CAREERS. CENTRA IS A MEMBER OF THE CAMPBELL COUNTY ADVISORY BOARD WHICH ENABLES US TO REPRESENT CENTRA IN THE COMMUNITY TO HELP MEET THE NEEDS OF THOSE IN THE SCHOOL SYSTEM. OUR COMMUNITY VOICE PROGRAM IS AN EVIDENCED BASED CONSUMER EDUCATION PROGRAM WHOSE GOALS ARE TO RAISE AWARENESS OF THE HEALTH DISPARITY THAT EXISTS IN INFANT MORTALITY, TO PROVIDE CULTURALLY RELEVANT PERINATAL HEALTH INFORMATION, AND TO INFLUENCE BEHAVIORS BY TAKING INFORMATION DIRECTLY TO THE PEOPLE WHOM WOMEN OF CHILD BEARING AGE ARE MOST LIKELY TO TRUST AND TRAIN THEM TO BE LAY HEALTH ADVISORS. ONCE TRAINED, LAY HEALTH ADVISORS HAVE THE KNOWLEDGE AND POWER TO TEACH, MOTIVATE, AND INFLUENCE THEIR FAMILY, FRIENDS, AND NEIGHBORS. COMMUNITY HEALTH IMPROVEMENT ADVOCACY: HELPING THE COMMUNITY IMPROVE THEIR HEALTH IS AN IMPORTANT MISSION OF CENTRA. WE FEEL PASSIONATE ABOUT IMPROVING ACCESS TO CARE, PUBLIC HEALTH, ETC. WE ARE EXCITED TO PARTICIPATE IN NUMEROUS EVENTS THROUGHOUT THE YEAR IN ORDER TO STAY CONNECTED TO THE COMMUNITY WE SERVE. BY STAYING CONNECTED WE ARE ABLE TO RECOGNIZE AND ADDRESS NEEDS THROUGHOUT OUR REGION. WORKFORCE DEVELOPMENT: CENTRA HEALTH, INC. BELIEVES THAT IT IS CRUCIAL TO HAVE EDUCATED, EXPERIENCED HEALTHCARE PROFESSIONALS WORKING WITHIN OUR COMMUNITIES. BY DISCUSSING HEALTHCARE WITH CHILDREN BEGINNING AT AN EARLY AGE, WE FEEL IT WILL SPARK INTEREST AND HAVE OUR YOUTH THINKING ABOUT POSSIBLY SEEKING A CAREER IN HEALTHCARE AS THEY GET OLDER. CENTRA CONDUCTS PROGRAMS WHICH SEND OUR STAFF TO AREA SCHOOLS, BEGINNING AT THE ELEMENTARY LEVEL, AND SHARING AGE APPROPRIATE INFORMATION AND MATERIALS ABOUT HEATH CAREER CHOICES AND THE ACADEMIC PATHWAY TO THOSE CAREERS. CENTRAS HEALTH CAREER CAMPS ALLOW CAMPERS TO PARTICIPATE IN TEAM BUILDING ACTIVITIES, LEARN ABOUT INFECTION PREVENTION, ORGAN DONATION, LISTEN TO PRESENTATIONS ON EMERGENCY MEDICINE, TOUR EMERGENCY VEHICLES, AND MANY MORE HEALTH RELATED ACTIVITIES. OUR MEDICAL CAREER CAMP ALLOW CAMPERS TO PARTICIPATE IN ACTIVITIES RELATED TO TOPICS SUCH AS PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES. THEY ARE ALSO ENGAGED IN HANDS-ON ACTIVITIES SUCH AS DISSECTING A PIGS HEART AND LEARNING HOW TO SOLVE CRIMES THROUGH FORENSIC SCIENCE. ROTATING THROUGH VARIOUS STATIONS SET UP AT CAMP ALLOWS CAMPERS TO LEARN WHATS INVOLVED IN SUTURING, TAKING CARE OF WOUNDS, IV SIMULATIONS, ETC. WE GIVE CAMPERS A GENERAL EXPOSURE TO VARIOUS CAREERS WITHIN THE HEALTHCARE SYSTEM WHICH ALLOWS THEM TO DETERMINE IF ONE OF THESE FIELDS ARE RIGHT FOR THEM.</p>
PART III, SECTION A, LINE 1:	<p>ON JANUARY 1, 2012, CENTRA ADOPTED ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, WHICH CHANGED CENTRAS 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, INCLUDING SOUTHSIDE COMMUNITY HOSPITAL, INC., AND BEDFORD MEMORIAL HOSPITAL, REPORT BAD DEBT CONSISTENT WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15.</p>

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Form and Line Reference	Explanation
PART III, SECTION A, LINE 2 & 3:	SEE DESCRIPTION FOR PART III, SECTION A, LINE 4
PART III, SECTION A, LINE 4:	<p>CENTRA 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 CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE ABOUT BAD DEBT: GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. CENTRA ALSO PROVIDES SERVICES TO UNINSURED PATIENTS AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT FROM STANDARD CHARGES. CENTRA ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. IMPLICIT PRICE CONCESSIONS RELATE PRIMARILY TO AMOUNTS DUE DIRECTLY FROM PATIENTS. ESTIMATED PRICE CONCESSIONS ARE RECORDED FOR ALL UNINSURED ACCOUNTS, REGARDLESS OF THE AGE OF THOSE ACCOUNTS. ACCOUNTS ARE WRITTEN OFF WHEN ALL REASONABLE INTERNAL AND EXTERNAL COLLECTION EFFORTS HAVE BEEN MADE. THERE HAVE BEEN NO SIGNIFICANT CHANGES IN THE CURRENT YEAR TO THE UNDERLYING ASSUMPTIONS USED BY CENTRA TO ESTIMATE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.(CENTRA HEALTH, INC. AND SUBSIDIARIES, FY 2019 AUDIT REPORT, PAGE 13-14)</p>

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Form and Line Reference	Explanation
PART III, SECTION B, LINE 8:	THE CALCULATION OF MEDICARE SHORTFALL DOES NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS ASSOCIATED WITH ITS PARTICIPATION IN THE MEDICARE PROGRAM, PER IRS INSTRUCTIONS. MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING THE COST TO CHARGE RATIO. THE TOTAL AMOUNT OF MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE CENTRA HEALTHS 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 2019 WAS \$92,527,771.
PART III, SECTION C, LINE 9B:	CENTRA RECOGNIZES THAT MEDICAL EXPENSES ARE OFTEN UNEXPECTED AND CAUSE FINANCIAL HARDSHIP. ALL ACCOUNTS WITH SELF PAY BALANCES WILL FOLLOW UNIFORM COLLECTION PROTOCOLS. THESE PROTOCOLS ARE ELECTRONICALLY ADMINISTERED THROUGH CENTRA'S HOSPITAL INFORMATION SYSTEM. WHEN AN ACCOUNT REACHES THE END OF THE SYSTEM GENERATED COLLECTION CYCLE AND MEETS SAID CRITERIA, THE ACCOUNT BALANCE WILL BE PROCESSED AS BAD DEBT AND REPORTED TO A COLLECTION AGENCY. CRITERIA FOR BAD DEBT WILL BE APPLIED CONSISTENTLY REGARDLESS OF AGE, RACE, RELIGION OR OTHER PROTECTIVE CLASS. PRIOR TO BAD DEBT PROCESSING, ACCOUNTS ARE ELECTRONICALLY SCREENED FOR PRESUMPTIVE FINANCIAL ASSISTANCE AND WRITTEN DOWN TO ZERO WHEN SCORES ARE WITHIN PRE-ESTABLISHED RANGES. CENTRA APPLIES UNIFORM COLLECTION PROTOCOLS TO ALL UNPAID ELIGIBLE CHARGES REGARDLESS OF RACE, SEX, AGE, DISABILITY, NATIONAL ORIGIN OR RELIGION. PATIENTS KNOWN BY CENTRA TO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT SUBJECT TO COLLECTION PROTOCOLS. IF DURING COLLECTION PROTOCOLS, OR AFTER REFERRAL TO AN OUTSIDE COLLECTION AGENCY, IT IS DISCOVERED PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY, INCLUDING ANY AND ALL EXTRAORDINARY COLLECTION EFFORT, IS IMMEDIATELY STOPPED. FINANCIAL ASSISTANCE FOR ELIGIBLE CHARGES IS AVAILABLE TO ALL CENTRA PATIENTS WHO QUALIFY BASED ON ESTABLISHED AND WIDELY PUBLISHED INCOME AND ASSET CRITERIA.

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Form and Line Reference	Explanation
PART VI, LINE 2:	<p>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 2018, CENTRA COMPLETED THE 2018 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION PLAN TO MEASURE THE HEALTH NEEDS OF CENTRAL VIRGINIA RESIDENTS SERVED AT CENTRA LYNCHBURG GENERAL HOSPITAL, CENTRA VIRGINIA BAPTIST HOSPITAL AND CENTRA SPECIALTY 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 INDIVIDUALS LIVING IN THE GREATER LYNCHBURG COMMUNITY, INCLUDING THE CITY OF LYNCHBURG AND BEDFORD, CAMPBELL, AMHERST, APPOMATTOX, AND NELSON COUNTIES. 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; SOCIAL AND ENVIRONMENTAL FACTORS SUCH AS EDUCATION, EMPLOYMENT, HEALTH STATUS AND BEHAVIORS SUCH AS DIET, SMOKING AND EXERCISE; AND PHYSICAL ENVIRONMENT FACTORS SUCH AS AIR/WATER QUALITY, HOUSING AND ACCESS TO TRANSPORTATION INFLUENCES THE HEALTH OF A COMMUNITY. 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 CENTRAS LONG-RANGE PLANS ARE RESPONSIVE AND HELP GUIDE THE AWARDING OF COMMUNITY GRANTS. HEALTH CARE NEEDS AND REQUESTS ARE ALSO ASSESSED THROUGH FOCUS GROUPS, AND SURVEYS OF COMMUNITY RESIDENTS AND CIVIC LEADERS AS WELL AS HOSPITAL AND HEALTH CARE SYSTEM PATIENTS. CENTRA ALSO PARTNERS WITH AGENCIES AND ORGANIZATIONS TO STUDY COMMUNITY NEEDS AND PROPOSE THE BEST SOLUTIONS. 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.</p>
PART VI, LINE 3:	<p>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, ON THE BOTTOM OF THE CURRENT STATEMENTS IS THE FOLLOWING VERBIAGE: CANT PAY YOUR BILL? FINANCIAL ASSISTANCE AND FLEXIBLE PAYMENT OPTIONS ARE AVAILABLE BY CONTACTING CENTRA CUSTOMER SERVICE AT (434) 200-3777.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4:	<p>COMMUNITY INFORMATION: CENTRA IS A COMPREHENSIVE HEALTH CARE SYSTEM COVERING A PRIMARY SERVICE AREA (PSA) OF THE CITIES OF LYNCHBURG AND BEDFORD, AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD, CAMPBELL, AND PITTSYLVANIA. CENTRAS SECONDARY SERVICE AREA (SSA) INCLUDES THE COUNTIES OF BUCKINGHAM, CHARLOTTE, HALIFAX, NELSON, AND PRINCE EDWARD. THE POPULATION FOR THE TOTAL SERVICE AREA (PSA/SSA) IS 431,720, WITH AN ETHNIC MIX OF 22.92% BLACK AND 73.67% WHITE. THE PERCENT OF THE TOTAL PSA/SSA POPULATION THAT IS 65 YEARS OF AGE AND OLDER IS 20.74%. THE AVERAGE HOUSEHOLD INCOME IN THE TOTAL SERVICE AREA IS \$48,605. THE CURRENT RATE OF PERSONS IN POVERTY IS APPROXIMATELY 16.45% FOR THIS TOTAL SERVICE AREA. CENTRA PROMOTES THE NECESSITY OF HAVING A CULTURALLY SENSITIVE WORKFORCE AND PROVIDES AN OVERVIEW OF THE POPULATION MIX FOR ORIENTATION OF NEW EMPLOYEES. CENTRA HOSTS WORKSHOPS ON CULTURAL COMPETENCE, PROVIDES REFERENCE BOOKS FOR EACH PATIENT CARE AREA AND PROVIDES A LESSON ON CULTURAL DIVERSITY AS PART OF YEARLY MANDATORY EDUCATION. THERE ARE ALSO CHAPLAINS AVAILABLE WITH EXPERIENCE AND TRAINING TO SUPPORT CLINICAL STAFF WHO MIGHT HAVE NEEDS WITH CULTURALLY SENSITIVE ISSUES. Source: www.census.gov/quickfacts (2018 stats)</p>
PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH: IN ADDITION TO HEALTH EDUCATION PROGRAMS AND RESOURCES, CENTRA USES ITS HOSPITAL-BASED DEPARTMENTS TO IMPLEMENT NEW WAYS TO IMPROVE HEALTH CARE FOR THE REGION. HERE ARE THREE EXAMPLES: (1) CENTRA STARTED THE FIRST NATIONALLY CERTIFIED PROGRAM TO HELP PEOPLE RECEIVING TREATMENT AND CANCER SURVIVORS AS THEY HEAL AND RECOVER. WITH THIS PROGRAM, CALLED STAR, CANCER PATIENTS AND SURVIVORS CAN LESSEN PAIN, WEAKNESS, FATIGUE, DEPRESSION AND MEMORY LOSS THAT CAN OCCUR WITH CANCER. (2) CENTRA ESTABLISHED ITS PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) IN THE LYNCHBURG AND FARMVILLE AREAS TO OFFER ADULTS 55 YEARS OF AGE AND OLDER MEDICAL CARE AND EDUCATION THAT ALLOWS THEM TO STAY IN THEIR OWN HOMES. WITH LONG-TERM CARE EXPERTISE GAINED THROUGH HOSPITAL-BASED CENTERS, CENTRA PROFESSIONALS FOCUS ON DISEASE PREVENTION, INTERVENTION AND WELLNESS. THE PROGRAM IS BASED ON THE KNOWLEDGE OF PROFESSIONALS WHO ADVOCATE THAT IT IS BETTER FOR SENIORS WITH CHRONIC CARE NEEDS AND THEIR FAMILIES TO BE SERVED IN THE COMMUNITY FOR AS LONG AS IT IS MEDICALLY SAFE. COMPREHENSIVE SERVICES ARE DELIVERED BY AN INTERDISCIPLINARY TEAM OF PROFESSIONALS, INCLUDING A PRIMARY CARE PHYSICIAN, REGISTERED NURSES, REHABILITATION THERAPISTS, DIETITIANS AND RECREATION/ACTIVITY STAFF. (3) CENTRA HAS LEVERAGED ITS HIGH-BANDWIDTH CONNECTIVITY ACROSS FACILITIES AND PHYSICIAN PRACTICES TO IMPROVE THE HEALTH OF THE POPULATION THROUGH THE SHARING OF MEDICAL RECORDS. WITH THIS CONNECTIVITY, CENTRA ALSO IS ABLE TO ESTABLISH A CLINICAL REPOSITORY THAT CAN BE MINED TO PERFORM TRUE POPULATION-BASED ANALYTICS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>AFFILIATED HEALTH CARE SYSTEM: WHETHER BRINGING BABIES INTO THE WORLD, TREATING THE ILL AND INJURED, SAVING LIVES, ENHANCING HEALTH OR PROVIDING NEEDED REGIONAL PROGRAMS AND SUPPORT, CENTRA SERVES AS A KEY PARTNER IN MANAGING AND PROMOTING HEALTH CARE THROUGHOUT ITS SYSTEM TO ENSURE CARE TO THE REGIONAL COMMUNITIES IT SERVES. DISEASE PREVENTION, TREATMENT AND HEALTH EDUCATION ARE INTEGRAL PARTS OF WHAT CENTRA PROVIDES TO THE REGION. FROM OUTSTANDING MEDICAL SERVICES TO FREE SCREENINGS AND PROGRAMS, CENTRA EXPANDS ITS HOSPITAL WALLS TO OFFER NATIONAL AWARD-WINNING HEALTH CARE FOR ITS PATIENTS WHILE SEEKING TO ENHANCE THE HEALTH AND WELLNESS OF RESIDENTS IN ITS SERVICE AREA. AS THE REGIONAL HEALTH CARE LEADER, CENTRA BRINGS A CONTINUOUS FLOW OF HEALTH CARE SERVICES DESIGNED TO ENSURE THAT PATIENTS RECEIVE CARE THAT MEETS THEIR IDENTIFIED NEEDS. PATIENT CARE ENCOMPASSES WELLNESS AND PREVENTION, RECOGNITION OF DISEASE AND HEALTH PROBLEMS, PATIENT TEACHING, PATIENT ADVOCACY, SPIRITUALITY, AND RESEARCH THROUGHOUT THE CONTINUUM. THIS CARE IS DELIVERED THROUGH ORGANIZED AND SYSTEMATIC PROCESSES DESIGNED TO ENSURE SAFE, EFFECTIVE AND TIMELY CARE AND TREATMENT. DUE TO THE WAY THE HEALTH CARE SYSTEM MANAGES CARE, CENTRA CONTINUES TO MOVE TO A HIGHER LEVEL BY EVALUATING SPECIFIC PATIENT OUTCOMES AND PARTICIPATING IN VOLUNTARY NATIONAL CERTIFICATION PROGRAMS THAT EXAMINE PROCESSES AND PROFICIENCY. CENTRA IS A MAJOR PARTNER IN THE HEALTH OF ITS REGIONAL POPULATION AND TAKES GREAT PRIDE IN PROVIDING THE FACILITIES, RESOURCES, EXPERTISE, AND PEOPLE TO IMPROVE THE HEALTH AND WELLNESS OF THE PEOPLE OF CENTRAL VIRGINIA. FOR EXAMPLE, CENTRA HAS BEEN INSTRUMENTAL IN ESTABLISHING AND SUPPORTING MEDICAL CLINICS FOR THE UNDERSERVED POPULATION. THESE INCLUDE SERVICES FOR PREGNANT WOMEN AND CHILDREN WHO OTHERWISE MAY NOT RECEIVE CRITICAL PREVENTIVE CARE. CENTRA ALSO DONATES LABORATORY TESTING, RADIOLOGY SERVICES AND EQUIPMENT. MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS FROM CENTRA PRACTICES AND EXPERTS IN LONG-TERM CARE AND REHABILITATION, OFFER PROFESSIONAL HEALTH EDUCATION CLASSES, LECTURES, SEMINARS, HEALTH FAIRS AND HEALTH SCREENINGS. THE HEALTH CARE SYSTEM ALSO PARTNERS WITH COMMUNITY ORGANIZATIONS TO CO-SPONSOR DOZENS OF REGIONAL EVENTS. IN ADDITION, DIETITIANS, DIABETIC INSTRUCTORS AND OTHER CENTRA PROFESSIONALS PROVIDE ONE-ON-ONE HEALTH COUNSELING AND EDUCATION FOR HOSPITAL AND SYSTEM PATIENTS. THE HEALTH CARE SYSTEM OFFERS A HEALTH CARE CAREERS CAMP FOR TEENAGERS. STUDENTS GAIN HANDS-ON EXPERIENCE, ENJOY A TOUR OF THE HOSPITALS HELICOPTER AND HANGAR AND ARE EXPOSED TO MANY CAREER OPPORTUNITIES. CENTRA DISTRIBUTES A WEALTH OF PRINTED AND ONLINE HEALTH INFORMATION THROUGH ITS PUBLICATIONS, MEDIA STORIES AND INTERACTIVE WEBSITE. THIS INFORMATION IS PRODUCED SPECIFICALLY FOR THE REGIONAL POPULATION AND TO MEET IDENTIFIED NEEDS. AS THE SOLE HEALTH CARE SYSTEM IN ITS SERVICE AREA, CENTRA USES ITS HOSPITAL-BASED RESOURCES AS A VALUABLE VEHICLE FOR MANAGING AND PROMOTING HEALTH CARE AS PART OF ITS NONPROFIT MISSION.</p>
PART VI, LINE 7:	STATE FILING OF COMMUNITY BENEFIT REPORT: VIRGINIA

Additional Data

Software ID:

Software Version:

EIN: 54-0715569

Name: CENTRA HEALTH INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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 WWW.CENTRAHEALTH.COM	X	X					X			
2	VIRGINIA BAPTIST HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503 WWW.CENTRAHEALTH.COM	X	X								
3	CENTRA SPECIALTY HOSPITAL 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503 WWW.CENTRAHEALTH.COM	X								LONG TERM CARE	

Form 990 Part V Section B Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5:</p>	<p>CENTRA ORGANIZED THREE COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY (CHNA) ADVISORY BOARDS ONE FOR THE CENTRA HEALTH, LYNCHBURG REGION, ONE FOR THE BEDFORD MEMORIAL HOSPITAL, BEDFORD REGION, AND ONE FOR THE SOUTHSIDE COMMUNITY HOSPITAL, FARMVILLE REGION. THESE CHNA COMMUNITY ADVISORY BOARDS WERE COMPRISED OF COMMUNITY LEADERS REPRESENTING EDUCATION, BUSINESS, SOCIAL SERVICE AGENCIES, GOVERNMENT, PUBLIC HEALTH AUTHORITIES, COLLEGES (INCLUDING OUR LOCAL SCHOOL OF PUBLIC HEALTH), OTHER HEALTHCARE PROVIDERS, AND NEIGHBORHOOD CITIZEN ORGANIZATIONS IN AN EFFORT TO OBTAIN AS BROAD-BASED COMMUNITY INPUT AS POSSIBLE. PARTICIPANTS INCLUDED ORGANIZATIONS THAT REPRESENT THE NEEDS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS. THE PARTICIPANTS OF THIS CHNA ASSESSMENT & IMPLEMENTATION PLAN WERE: 2018 LYNCHBURG AREA CORE TEAM - GREATER LYNCHBURG COMMUNITY FOUNDATION CENTRA- PITTSYLVANIA CENTRAL VIRGINIA HEALTH DISTRICT COMMUNITY ACCESS NETWORK CENTRA FOUNDATION BEDFORD COMMUNITY HEALTH FOUNDATION CENTRA- BEDFORD CENTRA- LYNCHBURG CENTRA- FARMVILLE PIEDMONT HEALTH DISTRICT CHRISTOPHER NYE CONSULTING PITTSYLVANIA/DANVILLE HEALTH DISTRICT UNITED WAY OF CENTRAL VIRGINIA COMMUNITYWORKS DATA ENTRY & ANALYSIS TEAM - LIBERTY UNIVERSITY CENTRA COLLEGE OF NURSING COMMUNITYWORKS VIRGINIA COMMONWEALTH UNIVERSITY 2018 LYNCHBURG AREA COMMUNITY HEALTH ASSESSMENT TEAM - YMCA RECREATION LYNCHBURG REDEVELOPMENT & HOUSING AUTHORITY HUMANKIND HUMAN GREATER LYNCHBURG COMMUNITY FOUNDATION LYNCHBURG CITY SCHOOLS PUBLIC SCHOOLS GREATER LYNCHBURG TRANSIT TRANSPORTATION CENTRA- ALAN B. PEARSON CANCER CENTER CENTRA HOSPITAL APPOMATTOX COUNTY DSS FAMILY SERVICES HORIZON BEHAVIORAL HEALTH PUBLIC BEHAVIORAL JOHNSON HEALTH CENTER HEALTH CENTRAL VIRGINIA COMMUNITY COLLEGE CENTRAL VA HEALTH DISTRICT PUBLIC HEALTH YWCA DOMESTIC-VIOLENCE SHELTERS LYNCHBURG COMMUNITY ACTION GROUP (LYN CAG) CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING (CVAEL) HORIZON BEHAVIORAL HEALTH PUBLIC BEHAVIORAL HEALTH SYSTEM COMMUNITY ACCESS NETWORK HEALTH CENTER LYNCHBURG POLICE PUBLIC SAFETY CENTRA FOUNDATION LYNCHBURG MAYOR VDH PUBLIC HEALTH REGION 2000 LOCAL GOVERNMENT COUNCIL BEDFORD COMMUNITY HEALTH FOUNDATION CITY OF LYNCHBURG CITY GOVERNMENT HEALTH COLLABORATIVE- DANVILLE COMMUNITY COALITION LYNCHBURG PARKS AND RECREATION LIBERTY UNIVERSITY EDUCATION LACIL DISABILITY SERVICES AMHERST COUNTY DSS FAMILY SERVICES STEPHANIE MCBRIDE CENTRA HOSPITAL LYNCHBURG POLICE DEPARTMENT PUBLIC SAFETY LIBERTY UNIVERSITY INTERN STUDENT CHRISTOPHER NYE CONSULTING LYNCHBURG DEPARTMENT SOCIAL SERVICES ARCHETYPE HEALTH CVAEL/DESIGNATED AREA AGENCY ON AGING JOHNSON HEALTH CENTER COMMUNITY HEALTH CENTER VA DEPARTMENT OF HEALTH PUBLIC HEALTH VIRGINIA COOPERATIVE EXTENSION STATE EXTENSION UNITED WAY OF CENTRAL VA BLUE RIDGE AREA FOOD BANK CENTRA PASTORAL CARE FAITH-BASED COMMUNITYWORKS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6a:	THE ORGANIZATIONS CHNA WAS CONDUCTED WITH THE FOLLOWING FACILITIES: LYNCHBURG GENERAL HOSPITAL, VIRGINIA BAPTIST HOSPITAL AND CENTRA SPECIALTY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7d:	HARD COPIES OF THE CHNA & IMPLEMENTATION PLAN WERE SENT TO ALL CHNA COMMUNITY ADVISORY BOARD MEMBERS.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11:	<p>COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN IDENTIFIED THREE OVERARCHING ACTION PLAN PRIORITIES AIMED AT IMPROVING THE HEALTH OF THE VARIOUS COMMUNITIES SERVED BY LYNCHBURG GENERAL, VIRGINIA BAPTIST AND CENTRA SPECIALTY HOSPITALS: COMMUNITY SUPPORT FOR SELF-ADVOCACY; MENTAL HEALTH EDUCATION, AWARENESS AND ACCESS; AND ADDICTION EDUCATION, PREVENTION AND ACCESS. THE ACTION PLAN PRIORITY REGARDING COMMUNITY SUPPORT FOR SELF-ADVOCACY: CENTRA SUPPORTED THIS INITIATIVE IN MANY WAYS IN 2019. THE FOLLOWING ARE A FEW OF THESE INITIATIVES. CENTRA COLLABORATED WITH NEIGHBORS HELPING NEIGHBORS OF AMHERST COUNTY BY ASSISTING IN THE FUNDING OF A VAN TO BE USED FOR FOOD DISTRIBUTION AND ALSO SUPPORTED PURCHASING A VEHICLE FOR FOOD DISTRIBUTION IN LYNCHBURG ON BEHALF OF WHEELS FOR BREAD. CENTRAS SUPPORT OF THE FRESHLY LYNCHBURG GROWS PROGRAM PROVIDES FAMILIES WITH EDUCATION, COOKING CLASSES, AND A HEALTHY DIET. CENTRA WAS A LEAD SPONSOR IN THE HEART WALK AND EDUCATION FOR A HEALTHY LIFESTYLE. CENTRA SUPPORTED HEALTHY BEHAVIOR AND HEALTHY LIFE CHOICE PROGRAMS TO INCLUDE ITS CONTINUED SUPPORT OF THE FREE CLINIC IN A MEDICAL AND DENTAL INTEGRATION PROJECT. SUPPORT OF BOTH A PARTNERSHIP CORE PHARMACEUTICALS SERVICES PROGRAM AND ACCESS TO MEDICATION PROGRAM, A REDUCING FALLS AND PREMATURE HOME DISPLACEMENT PROGRAM, A SAFE AT HOME PROGRAM AND WORKING TO UNRAVEL THE EFFECTS OF CANCER IN A CANCER SUPPORT PROGRAM. THESE PROGRAMS AND CONTINUED PARTNERSHIP WITH OTHER COMMUNITY AGENCIES AND THE OPENING OF THE COMMUNITY ACCESS NETWORK ARE PART OF CENTRAS ACTIONS IN SUPPORT FOR SELF-ADVOCACY. THE ACTION PLAN PRIORITY REGARDING MENTAL HEALTH EDUCATION, AWARENESS AND ACCESS: IN THE AREA OF CHILD PSYCHOLOGY, WE HAVE CONTINUED OUR PARTIAL HOSPITALIZATION PROGRAM FOR CHILD AND ADOLESCENT PSYCHIATRY TO MEET THE NEEDS OF THE COMMUNITY. BEING ONE OF 2 HOSPITALS IN THE STATE THAT TREAT CHILDREN UNDER 10, WE DEVELOPED A SEPARATE TREATMENT AND PROGRAMMING TRACK, INCLUDING CAPITAL INVESTMENTS IN A SENSORY ROOM AND REDESIGNED ACTIVITY SPACES AS WELL AS UPDATED TREATMENT MATERIALS. IN THE AREA OF AUTISM, CENTRA HAS A FREESTANDING RIVERMONT SCHOOL IN LYNCHBURG FOR CHILDREN WITH AUTISM. DUE TO THE INCREASED PREVALENCE OF AUTISM, CENTRA RECEIVED FOUNDATION FUNDS TO EXPAND ITS MULTIDISCIPLINARY AUTISM CLINIC FROM ONE BUILDING TO TWO. WE ARE THE STATES ONLY MULTIDISCIPLINARY AUTISM CLINIC THAT PROVIDES PSYCHIATRY, DEVELOPMENTAL PEDIATRICS, SPEECH AND OCCUPATIONAL THERAPY, INDIVIDUAL AND FAMILY THERAPY, PARENT TRAINING AND APPLIED BEHAVIOR ANALYSIS (ABA) UNDER 1 ROOF. OUR AUTISM SERVICE LINE COORDINATES AND HOSTS THE ANNUAL CENTRAL VIRGINIA AUTISM RESOURCE FAIR IN LYNCHBURG, VA. THIS FREE COMMUNITY EVENT BRINGS TOGETHER LOCAL SERVICE PROVIDERS, NON-PROFITS, AND RESPITE CARE SERVICES TO PROVIDE CAREGIVERS AN OPPORTUNITY TO ACCESS RESOURCES IN A SUPPORTIVE, UNDERSTANDING ENVIRONMENT. IN THE AREA OF MENTAL HEALTH INTEGRATION, TO DATE, OUR MENTAL HEALTH INTEGRATION INITIATIVE HAS SUCCESS</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11:	<p>FULLY INTEGRATED LICENSED MENTAL HEALTH PROFESSIONALS IN THE FOLLOWING AREAS: STROOBANTS C ARDIOLOGY, BARIATRICS, FOREST WOMENS CENTER, NATIONWIDE, SOUTHSIDE MEDICAL CENTER FARMVILL E, DANVILLE MEDICAL CENTER, PACE (PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY), AS WELL AS OUR RECENTLY EXPANDED PIEDMONT PSYCHIATRIC CENTER MEDICATION ASSISTED TREATMENT CLINIC FOR PATIENTS WITH SUBSTANCE USE DISORDER. THE ACTION PLAN PRIORITY OF ADDICTION EDUCATION, PREVENTION AND ACCESS: CENTRA IS PRESIDENT OF THE CENTRAL VIRGINIA OPIOID PREVENTION COAL ITION (CVOPC). CVOPC STARTED THE HOPE INITIATIVE WHICH IS A MONTHLY DROP IN SESSION STAFFE D BY CVOPC VOLUNTEERS TO PROVIDE A GATEWAY TO PROFESSIONAL RESOURCES IN THE COMMUNITY FOR PEOPLE SUFFERING FROM SUBSTANCE ABUSE DISORDERS. WE MAINTAIN A 7 BED UNIT AT VIRGINIA BAPT IST HOSPITAL FOR PATIENTS WITH SUBSTANCE ABUSE DIAGNOSES AND OPIOID ADDICTION TO BEGIN A H OSPITAL INITIATED MEDICATION ASSISTED WITHDRAWAL. WE HAVE EXPANDED OUR CLINIC FOR PRE/POST -PARTUM WOMEN WITH SUBSTANCE USE DISORDER TO WHICH INCLUDES A PIEDMONT PSYCHIATRIC CENTER MEDICATION ASSISTED TREATMENT (MAT) CLINIC. THE CLINIC MODEL INVOLVES COMPREHENSIVE CARE F OR INDIVIDUALS WITH OPIOID USE DISORDER INCLUDING ASSESSMENT OF MEDICAL AND PSYCHIATRIC NE EDS, CARE COORDINATION, INDIVIDUAL AND GROUP THERAPY, AND MEDICATION ASSISTED TREATMENT. R ATIONALE FOR NOT INCLUDING THE REMAINING INDICATORS AS PRIORITIZED BY OUR CHNA COMMUNITY A DVISORY BOARD INCLUDED A SENSE THAT THESE CRITICAL NEEDS WERE HIGHLY COMPLEX IN NATURE AND AFFECTED A WIDE VARIETY OF INFLUENCING FACTORS - MANY WELL BEYOND THE CAPABILITY AND RESO URCES AND AVAILABLE THROUGH CENTRA AND/OR ITS COLLABORATING PARTNERS. FURTHERMORE, OTHER C OMMUNITY-BASED INITIATIVES WERE ALREADY TARGETING THESE ISSUES.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A, B, C:	(LYNCHBURG GENERAL HOSPITAL, VIRGINIA BAPTIST HOSPITAL, AND CENTRA SPECIALTY HOSPITAL) THE ENTIRE FINANCIAL ASSISTANCE POLICY (FAP), INCLUDING FAP APPLICATION AND PLAIN LANGUAGE SUMMARY IS LOCATED AT THE FOLLOWING URL: HTTP://CENTRAHEALTHONLINEBILLPAY.PATIENTCOMPASS.COM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 21:	(POLICY RELATING TO EMERGENCY MEDICAL CARE) FACILITY: CENTRA SPECIALITY HOSPITAL CENTRA SPECIALITY HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT DUE TO THE NATURE OF THE HOSPITAL'S SERVICES.

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 CENTRA ALAN B PEARSON CANCER CENTER 1701 THOMSON DRIVE LYNCHBURG, VA 24501	CANCER CENTER & PALLIATIVE CARE
1 GRETNA MEDICAL CENTER 291 McBride Lane Gretna, VA 24557	Emergency, Imaging, Internal Medicine, Cardiology, Rehab, Lab
2 CENTRA LAB PHLEBOTOMY CENTER 1900 TATE SPRINGS ROAD SUITE 9 LYNCHBURG, VA 24501	LAB SERVICES
3 GUGGENHEIMER HEALTH & REHABILITATION CTR 1902 GRACE STREET LYNCHBURG, VA 24504	NURSING HOME
4 FAIRMONT CROSSING HEALTH & REHAB CENTER 173 BROCKMAN PARK DRIVE AMHERST, VA 24521	NURSING HOME
5 SUMMIT HEALTH & REHABILITATION CENTER 1300 ENTERPRISE DRIVE LYNCHBURG, VA 24502	NURSING HOME
6 SUMMIT ASSISTED LIVING 1320 ENTERPRISE DRIVE LYNCHBURG, VA 24502	ASSISTED LIVING
7 CENTRA HOSPICE-LYNCHBURG 2097 LANGHORNE ROAD LYNCHBURG, VA 24501	HOSPICE CARE
8 CENTRA HOSPICE HOUSE 4413 BOONESBORO ROAD LYNCHBURG, VA 24503	HOSPICE HOUSE
9 CENTRA HOME HEALTH 1204 FENWICK DRIVE LYNCHBURG, VA 24502	HOME HEALTH SERVICES
10 CENTRA PACE 407 FEDERAL STREET LYNCHBURG, VA 24504	CARE FOR ELDERLY
11 PIEDMONT PSYCHIATRIC CENTER 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	MENTAL HEALTH
12 BRIDGES TREATMENT CENTER 693 LEESVILLE ROAD LYNCHBURG, VA 245022828	MENTAL HEALTH
13 ALTAVISTA MEDICAL CENTER 1280 A MAIN STREET ALTAVISTA, VA 24517	FAMILY PRACTICE
14 BROOKNEAL MEDICAL CENTER 104 CAROLINA AVENUE BROOKNEAL, VA 24528	FAMILY PRACTICE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 CMG - DANVILLE ORTHOPEDIC & REHAB SPECIA 404 AIRPORT ROAD SUITE C DANVILLE, VA 24540	ORTHOPEDECS & PHYSICAL THERAPY
1 CMG - NATIONWIDE 125 Nationwide Drive LYNCHBURG, VA 24502	INTERNAL MEDICINE, REHAB, URGENT CARE
2 VILLAGE PRACTICE - MONETA 4830 RUCKER RD MONETA, VA 24121	FAMILY PRACTICE
3 CENTER FOR PAIN MANAGEMENT 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	PAIN MANAGEMENT
4 CENTER FOR WOUND CARE AND HYPERBARIC MED 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	WOUND CARE
5 CMG UROLOGY CENTER 2542 LANGHORNE ROAD LYNCHBURG, VA 24501	UROLOGY
6 CMG UROLOGY CENTER-Oak Vassar Office 1330 Oak Lane Suite 203 LYNCHBURG, VA 24503	UROLOGY
7 CMG UROLOGY CENTER-Bedford 1613 Oakwood St Ste 202 Bedford, VA 24523	UROLOGY
8 MEDICAL & SURGICAL SPECIALISTS 173 EXECUTIVE DRIVE DANVILLE, VA 24540	UROLOGY, NEUROSURGERY, PLASTICS, CARDIOLOGY SVCS
9 DOMINION PRIMARY CARE 110 EXCHANGE STREET SUITE F DANVILLE, VA 24540	Family Care, Urgent Care Urology, Neurology and Cardiology
10 CMG WOMEN'S CENTER 2007 GRAVES MILL ROAD FOREST, VA 24551	WOMEN'S HEALTH SVCS
11 LIBERTY UNIVERSITY HEALTH SERVICES 1971 UNIVERSITY BLVD LYNCHBURG, VA 24502	FAMILY PRACTICE
12 JAMERSON YMCA REHAB CENTER 801 WYNDHURST DRIVE LYNCHBURG, VA 24502	REHAB CENTER
13 STROOBANTS CARDIOVASCULAR CENTER- MAIN O 2410 ATHERHOLT ROAD LYNCHBURG, VA 24501	CARDIOLOGY CENTER & CARDIOVASCULAR SURGERY
14 STROOBANTS CARDIOVASCULAR CENTER-BEDFORD 1613 OAKWOOD AVENUE BEDFORD, VA 24523	CARDIOLOGY CENTER

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
31 STROOBANTS CARDIOVASCULAR CENTER- FARMVI 900 WEST THIRD STREET FARMVILLE, VA 23901	CARDIOLOGY CENTER
1 STROOBANTS CARDIOVASCULAR CENTER- MONETA 1039 MAYBERRY CROSSING DRIVE SUITE MONETA, VA 24121	CARDIOLOGY CENTER
2 STROOBANTS CARDIOVASCULAR CENTER- GRETNA 1220 WEST GRETNA ROAD GRETNA, VA 24557	CARDIOLOGY CENTER
3 REHAB & GERIATRIC SERVICES 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	DRS. PROVIDE SERVICES TO NURSING HOMES, SKILLED CARE HOSPICE, PACE & REHAB
4 BREAST IMAGING CENTER 3300 RIVERMONT AVENUE LYNCHBURG, VA 24503	MAMMOGRAPHERS READ SCREENINGS FOR DIAGNOSTIC BREAST IMAGING
5 MAMMOGRAPHY CENTER-TIMBERLAKE 20293 TIMBERLAKE ROAD LYNCHBURG, VA 24502	MAMMOGRAPHY CENTER
6 MAMMOGRAPHY CENTER-TATE SPRINGS 1900 TATE SPRINGS ROAD SUITE 1 LYNCHBURG, VA 24501	MAMMOGRAPHY CENTER
7 Pathways Recovery Lodge 1770 Earley Farm Road Amherst, VA 24521	DRUG & ALCOHOL TREATMENT CENTER
8 Rivermont School-Chase City 633 N Main Street Chase City, VA 23924	MENTAL HEALTH
9 Rivermont School- Dan River 4058 Franklin Turnpike Danville, VA 24540	MENTAL HEALTH
10 Rivermont School- Roanoke 1354 8th Street Roanoke, VA 24015	MENTAL HEALTH
11 Rivermont School-Hampton 303 Butler Farm Road Suite 100 Hampton, VA 23666	MENTAL HEALTH
12 Rivermont School-Tidewater 5163 Cleveland Street Virginia Beach, VA 23462	MENTAL HEALTH
13 Rivermont School-Alleghany Highlands 331 West Main Street Covington, VA 24426	MENTAL HEALTH
14 Rivermont School-Rockbridge 35 Magnolia Square Suite 7 Lexington, VA 24450	MENTAL HEALTH

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
46 Rivermont School - Lynchburg 3024 Forest Hills Circle Lynchburg, VA 24501	MENTAL HEALTH
1 Rivermont School - Fredricksburg 30 Pulte Dr Fredricksburg, VA 22406	MENTAL HEALTH
2 Rivermont School - Greater Petersburg 12318 Boydton Plank Road Dinwiddie, VA 23841	MENTAL HEALTH
3 RIVERMONT SCHOOL - FAIRFAX 6700 SPRINGFIELD CENTER DRIVE SUIT SPRINGFIELD, VA 22150	MENTAL HEALTH
4 Rivermont School - Bridges Residential 693 Leesville Road Lynchburg, VA 245022828	MENTAL HEALTH
5 Centra Neuroscience Center-Farmville 800 Oak Street Farmville, VA 23901	NEUROSCIENCE
6 Lynchburg Family Medicine Center 2323 Memorial Avenue Suite 10 Lynchburg, VA 24501	FAMILY PRACTICE RESIDENCY PROGRAM
7 CMG - Big Island Medical Center Highway 501 North Big Island, VA 24526	FAMILY PRACTICE
8 CMG - PrimeCare Main 130 Enterprise Drive Danville, VA 24540	FAMILY PRACTICE, URGENT CARE
9 CMG - PrimeCare East 404 Airport Drive Suite A Danville, VA 24540	FAMILY PRACTICE
10 CMG-BEDFORD MEDICAL CENTER 1613 Oakwood Street Suite 201 Bedford, VA 24523	FAMILY PRACTICE
11 LYNCHBURG EMPLOYEE CLINIC 901 CHURCH STREET Lynchburg, VA 24504	EMPLOYEE WELLNESS CLINIC
12 CMG PLASTIC SURGERY CENTER 1330 Oak Lane Suite 100 Lynchburg, VA 24503	PLASTIC SURGERY
13 CMG NEUROSCIENCE CENTER 2025 Tate Springs Road Lynchburg, VA 24501	NEUROSCIENCE
14 CMG Surgical Specialists - Seven Hills 1911 Thomson Drive Lynchburg, VA 24501	SURGERY SPECIALISTS

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
61 CMG Surgical Specialists - Central Va 1906 Thomson Drive Lynchburg, VA 24501	SURGERY SPECIALISTS
1 CENTRA COLLEGE OF NURSING 905 Lakeside Dr Suite A Lynchburg, VA 24501	COLLEGE OF NURSING
2 HEALTHWORKS CLINIC 1905 Atherholt Road Lynchburg, VA 24501	REHAB
3 ROSEMARY & GEORGE DAWSON INN 2012 Tate Springs Road Lynchburg, VA 24501	PATIENT/FAMILY INN
4 Centra - Bedford Rehab 1710 Whitfield Drive Bedford, VA 24523	OP REHAB SVCS
5 CENTRA HEALTH EMERGENCY SERVICES 1901 TATE SPRINGS ROAD LYNCHBURG, VA 24501	EMERGENCY SVCS
6 CMG - DANVILLE OCCUPATIONAL HEALTH SVCS 404 Airport Drive Suite B Danville, VA 24540	OCCUPATIONAL REHAB SERVICES
7 CMG - NEUROSCIENCE CENTER BEDFORD 1615 OAKWOOD STREET SUITE D BEDFORD, VA 24523	NEUROSURGERY
8 CMG - AMHERST MEDICAL CENTER 124 AMBRIAR COURT AMHERST, VA 24521	FAMILY PRACTICE
9 CMG INFECTIOUS DISEASE CENTER 2216 LANDOVER PLACE LYNCHBURG, VA 24501	INFECTIOUS DISEASE CTR
10 CMG HEALTHY SKIN CENTER 1330 OAK LANE SUITE 103 LYNCHBURG, VA 24503	SKIN CLINIC
11 CMG - MOBILE MEDICAL SERVICES 2010 ATHERHOLT ROAD LYNCHBURG, VA 24501	MOBILE MEDICAL SVCS
12 PACE Gretna 1220 W Gretna Road Gretna, VA 24557	CARE FOR ELDERLY
13 CMG Rehabilitation Danville 414 Park Avenue Danville, VA 24541	REHAB SVCS
14 CMG - SLEEP DISORDERS CENTER-FOREST 1084 Thomas Jefferson Road FOREST, VA 24551	SLEEP DISORDER SVCS

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
76 CMG Southside - Keysville 312 Kings Street Keysville, VA 23947	FAMILY PRACTICE
1 CMG Southside - Farmville 935 South Main Street Farmville, VA 23901	FAMILY PRACTICE
2 CMG Southside - Victoria 1418 6th Street Victoria, VA 23974	FAMILY PRACTICE
3 CMG Southside - Burkeville 412 Namozine Street Burkeville, VA 23922	FAMILY PRACTICE
4 CMG Southside - Cumberland 1758 Anderson Highway Cumberland, VA 23942	FAMILY PRACTICE
5 Southside Ctr for Gastro Liver Disease 800 Oak Street Farmville, VA 23901	GASTROLOGY
6 CMG Southside Orthopedic & Rehabilitatio 935 South Main Street Farmville, VA 23901	ORTHOPEDIC & REHAB SVCS
7 CMG Southside - Surgery Center 800 Oak Street Farmville, VA 23901	GENERAL SURGERY
8 CMG Southside - Women's Center 800 Oak Street Farmville, VA 23901	WOMEN'S HEALTH SVCS
9 CMG Southside - Emergency Services 800 Oak Street Farmville, VA 23901	EMERGENCY SVCS
10 CMG Southside - Nephrology Center 935 South Main Street Farmville, VA 23901	NEPHROLOGY
11 CMG Southside - Neurology Center 800 OAK STREET Farmville, VA 23901	Neurology
12 CMG Southside - Urology 800 Oak Street Farmville, VA 23901	UROLOGY
13 CMG Southside - CRNA 800 Oak Street Farmville, VA 23901	CRNA SVCS
14 CMG Southside - Hospitalists 800 Oak Street Farmville, VA 23901	HOSPITALIST SVCS

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
91 CMG Bedford - General Surgery Center 1615 Oakwood Street Suite B Bedford, VA 24523	GENERAL SURGERY
1 CMG Bedford - Pulmonology Center 1613 Oakwood Street Suite 202 Bedford, VA 24523	PULMONARY SVCS
2 CMG Bedford - Women's Center 1615 Oakwood Street Suite D Bedford, VA 24523	WOMEN'S HEALTH SVCS
3 CMG Bedford - Emergency Services 1613 Oakwood Street Bedford, VA 24523	EMERGENCY SVCS
4 CMG Bedford - Hospitalists 1613 Oakwood Street Bedford, VA 24523	HOSPITALIST SVCS
5 CMG Bedford - CRNA 1613 Oakwood Street Bedford, VA 24523	CRNA SVCS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization CENTRA HEALTH INC

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRA HEALTH FOUNDATION 1920 Atherholt Road LYNCHBURG, VA 24501	54-1604094	501(C)(3)	500,000				COMMUNITY WELLNESS
JOHNSON HEALTH CENTER 320 FEDERAL ST LYNCHBURG, VA 24504	54-1287905	501(C)(3)	159,138				RENTAL CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF FINE ARTS 600 MAIN ST LYNCHBURG, VA 24504	23-7061145	501(C)(3)	25,000				FUNDRAISING CAMPAIGN
ALTAVISTA AREA YMCA PO Box 149 ALTAVISTA, VA 24517	54-0895639	501(C)(3)	30,000				ATHLETIC CENTER RENOVATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZEMENT SQUARE 27 9th Street LYNCHBURG, VA 24504	54-1713204	501(C)(3)	10,600				MATURE MAKERS PROGRAM
AMERICAN HEART ASSOCIATION 4217 Park Place Ct GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	17,500				HEART WALK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Virginia Community College WARDS ROAD LYNCHBURG, VA 24502	54-1268278	GOV'T	27,000				FUNDRAISING CAMPAIGN
Free Clinic of Central Virginia 1016 Main St LYNCHBURG, VA 24504	54-1420756	501(C)(3)	320,000				FUNDRAISING CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JAMERSON FAMILY YMCA 801 WYNDHURST DR LYNCHBURG, VA 24502	54-0505924	501(C)(3)	169,880				POWER SCHOLAR ACADEMY
Lynchburg Beacon of Hope PO BOX 1261 LYNCHBURG, VA 24504	45-3798731	501(C)(3)	50,000				STAY CLOSE, GO FAR CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lynchburg Regional Business Alliance 2015 Memorial Avenue LYNCHBURG, VA 24504	54-0165020	501(C)(6)	13,889				FUNDRAISING CAMPAIGN
Southside VA Family YMCA 580 Commerce Rd SUITE 300 FARMVILLE, VA 23901	62-1487256	501(C)(3)	50,000				FUNDRAISING CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
The Listening Inc PO BOX 515 LYNCHBURG, VA 24504	81-2429529	501(C)(3)	20,000				FREEDOM SCHOOL
United Way of Central Virginia 1010 MILLER PARK SQ LYNCHBURG, VA 24501	54-0505923	501(C)(3)	61,140				FUNDRAISING CAMPAIGN & SMART BEGINNINGS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VA AMATEUR SPORTS INC 711-C 5th St NE ROANOKE, VA 24016	54-1500181	501(C)(3)	27,000				COMMONWEALTH GAMES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRA HEALTH INC

Employer identification number
54-0715569

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 idemnification 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, officers, including the CEO/Executive Director, regarding the items checked on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on 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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A:	JANICE WALKER, FORMER CENTRA HEALTH, INC., SR VP & CHIEF ADMIN OFFICER, RECEIVED SEVERANCE PAYMENT DURING 2019 IN THE AMOUNT OF \$244,786, INCLUDED IN HER TAXABLE INCOME. THE TERMS OF THE SEVERANCE AGREEMENT WERE CONSISTENT WITH INDUSTRY STANDARDS. DAVID ADAMS, FORMER CENTRA HEALTH, INC., EVP & CHIEF STRATEGY OFFICER, RECEIVED SEVERANCE PAYMENT DURING 2019 IN THE AMOUNT OF \$350,870, INCLUDED IN HIS TAXABLE INCOME. THE TERMS OF THE SEVERANCE AGREEMENT WERE CONSISTENT WITH INDUSTRY STANDARDS.
SCHEDULE J, PART I, LINE 4B:	THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED RETIREMENT PLAN DURING FY 2019. THE AMOUNT WAS INCLUDED IN THEIR W-2 WAGES. NAME TITLE AMOUNT OF PAYOUT CHRIS THOMSON SVP/CHIEF MEDICAL OFFICER 56,307 CURT BAKER SR VP/CNO 52,695 DAVID ADAMS EXECUTIVE VP & CSO 45,950 DAVID GOUGH SR VP & CFO 31,764 HARRELL "LES" REED SVP - CPE/CMG PRESIDENT 65,544 JANICE WALKER SR VP & CHIEF ADMIN OFFICER 29,094 MICHAEL ELLIOTT SPV-CHIEF TRANSFORMATION OFFICER 55,471 ----- 387,013 ===== THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED RETIREMENT PLAN DURING FY 2019. NAME TITLE AMOUNT OF DEFERRAL ANDREW MUELLER PRESIDENT & CEO 139,625 CHRIS THOMSON SVP/CHIEF MEDICAL OFFICER 80,701 HOLLY TRENT VP LEGAL SVCS-GENERAL COUNSEL 33,816 MICHAEL ELLIOTT SPV-CHIEF TRANSFORMATION OFF 114,208 ----- 368,350 =====

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ECON DEVEL AUTH OF LYNCHBURG-2017 ABCD	54-1225193		07-25-2017	237,637,669	REFUNDING/NEW CONSTRUCTION		X		X		X
B	ECON DEVEL AUTH OF LYNCHBURG-2014 AB	54-1225193		09-10-2014	79,895,000	NEW CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	20,082,669		14,287,966					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	237,637,669		79,895,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	2,106,046		443,536					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	50,000,000		65,485,248					
11	Other spent proceeds	185,531,623		0					
12	Other unspent proceeds	0		13,966,216					
13	Year of substantial completion	2019		2017					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, 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?								
b Exception to rebate?								
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
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	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, LINE A, COL. (A)	ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA 2017 A, B, C, D, BONDS PART I, LINE B, COL. (A) ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA 2014 A, B BONDS PART I, LINE A, COL. (C) CUSIP #55123TAU6, #55123TAW2, #55123TAT9, #55123TAS1 PART I, LINE A, COL. (F) THE PURPOSE OF THE ISSUE WAS NEW CONSTRUCTION; REFUND OF EDA OF CITY OF LYNCHBURG SERIES 2004A, 2004B, 2004C, 2004D, 2004E, 2004F, AND 2010; REFUND IDA OF TOWN OF AMHERST, SERIES 2007; REFUND IDA OF CAMPBELL COUNTY, SERIES 2007; REFUND OF EDA OF APPOMATTOX, SERIES 2007.

Return Reference	Explanation
PART II, LINE 12, COL. (B) -	REGARDING THE 2014 A, B BOND... THIS BOND WAS ISSUED IN A DRAWDOWN STRUCTURE AND THE ENTIRE AMOUNT WAS NOT DRAWN AND IS NOT EXPECTED TO BE COMPLETELY DRAWN.

Return Reference	Explanation
PART IV, LINE 2C COL. (A) -	CENTRA HEALTH SERIES 2017 A, B, C, D BONDS: A REBATE CALCULATION WAS PERFORMED ON SEPTEMBER 13, 2019 FOR THE ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL REVENUE AND REFUNDING BONDS, SERIES 2017 A, B, C, D. THE NEXT ARBITRAGE REBATE CALCULATION WILL IN AUGUST 2020. (NOTE: FINAL PROCEEDS WERE SPENT PRIOR TO DECEMBER 31, 2019)

Return Reference	Explanation
PART IV, LINE 2C COL. (B) -	CENTRA HEALTH SERIES 2014 A&B BONDS: A REBATE CALCULATION WAS PERFORMED ON OCTOBER 30, 2018 FOR THE ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF LYNCHBURG, VA HOSPITAL BONDS SERIES 2014 A & B. NO FURTHER REVIEWS SHOULD BE REQUIRED FOR THIS SERIES 2014 A & B BOND ISSUE.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CENTRA HEALTH INC

Employer identification number

54-0715569

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACK E WALKER	SEE PART V	93,255	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV:	(A) NAME OF PERSON: JACK E. WALKER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF JANICE H. WALKER, KEY EMPLOYEE OF CENTRA HEALTH, INC. (C) AMOUNT OF TRANSACTION: \$93,255 (D) DESCRIPTION OF TRANSACTION: COMPENSATION AS EMPLOYEE OF CENTRA HEALTH, INC. (E) SHARING OF ORGANIZATION REVENUES?: NO

OMB No. 1545-0047

SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2019**Open to Public
Inspection**

Department of the Treasury

Internal Revenue Service
Name of the organization
CENTRA HEALTH INC**Employer identification number**

54-0715569

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III, Line 4a:	<p>AS THE REGIONAL HEALTH CARE LEADER, CENTRAS COMMITMENT TO THE CENTRAL VIRGINIA REGION EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH SYSTEM FACILITIES. CENTRA HAS BEEN BRINGING CARE INTO THE WORLD, TREATING THE SICK AND INJURED, SAVING LIVES AND ENHANCING HEALTH FOR DECADES, AND HAS EARNED MANY NATIONAL AWARDS AND ACCOLADES FOR ITS QUALITY OF CARE. HOWEVER, JUST AS IMPORTANT IS CENTRAS 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 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. CENTRA IS A MAJOR PARTNER IN THE HEALTH OF THE REGION AND TAKES GREAT PRIDE IN PROVIDING FACILITIES, RESOURCES AND EXPERTISE TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE THROUGHOUT CENTRAL VIRGINIA. IN 2019, CENTRA HELD MANY NATIONAL AWARDS AND ACCOLADES, SUCH AS: * 5-STAR CMS RATING CENTERS FOR MEDICARE AND MEDICAID- ONLY 337 HOSPITALS OUT OF 4,000 ACROSS THE COUNTRY WERE AWARDED THIS HIGHEST RANKING. IN VIRGINIA, CENTRA IS ONLY ONE OF 8 IN THE STATE TO BE RECOGNIZED WITH 5-STARS. THESE RANKINGS CAN BE FOUND ON THE CMS HOSPITAL COMPARE WEBSITE, THAT IS PROVIDED TO THE PUBLIC TO HELP PATIENTS MAKE EDUCATED DECISIONS. DATA IS ANALYZED IN CATEGORIES SUCH AS COMMUNICATION WITH NURSES, RESPONSIVENESS OF PHYSICIANS AND STAFF, READMISSIONS AND MORTALITY RATES, TIMELY AND EFFECTIVE CARE AND PAYMENT AND VALUE OF SERVICES. CENTRA LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS BOTH RECEIVED THE PRESTIGIOUS 5-STAR RANKING. SCHRECIVED 4-STARS AND BMH, RECEIVED 3-STARS. * 50 TOP CARDIOVASCULAR HOSPITAL IBM WATSON- CENTRAL LYNCHBURG GENERAL HOSPITAL HAS BEEN SELECTED AS A 50 TOP CARDIOVASCULAR HOSPITAL IN AMERICA FOR THE EIGHTH TIME. CENTRA IS ONE OF TWO HOSPITALS IN THE STATE OF VIRGINIA TO RECEIVE THIS AWARD, AND THE ONLY HOSPITAL TO RECEIVE THIS AWARD 8 TIMES IN THE STATE OF VIRGINIA. THIS IS A NATIONAL HONOR FOR OUTSTANDING CARDIOVASCULAR PERFORMANCE. * MAGNET STATUS AMERICAN NURSES CREDENTIALING CENTER- THE AMERICAN NURSES CREDENTIALING CENTER HAS RE-DESIGNATED CENTRAL LYNCHBURG GENERAL AND VIRGINIA BAPTIST HOSPITALS AS MAGNET FACILITIES WHICH RECOGNIZE EXCELLENCE IN NURSING. CENTRA MEDICAL GROUP WAS ALSO AWARDED MAGNET STATUS. CENTRA WAS THE FIRST HEALTHCARE SYSTEM IN CENTRAL VIRGINIA TO ACHIEVE MAGNET STATUS IN 2006. * JOINT COMMISSION ADVANCED CERTIFICATION FOR PALLIATIVE CARE ADVANCED CERTIFICATION FOR PALLIATIVE CARE. PALLIATIVE CARE IS SPECIALIZED MEDICAL CARE FOCUSED ON PROVIDING PATIENTS WITH RELIEF FROM THE SYMPTOMS, PA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990 Part III, Line 4a:</p>	<p>IN, AND STRESS OF A SERIOUS ILLNESS - WHATEVER THE DIAGNOSIS. THE GOAL IS TO IMPROVE QUALITY OF LIFE FOR BOTH THE PATIENT AND THE FAMILY. * GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD AND TARGET STROKE ELITE PLUS HONOR ROLL AMERICAN HEART ASSOCIATION & AMERICAN STROKE ASSOCIATION CENTRA LYNCHBURG GENERAL HOSPITAL HAS RECEIVED THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS 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. * AMERICAN HEART ASSOCIATION'S MISSION LIFELINE HEART ATTACK RECEIVING CENTER RE-ACCREDITATION THE AMERICAN HEART ASSOCIATION HAS RECOGNIZED CENTRA LYNCHBURG GENERAL HOSPITAL. THE ACCREDITATION PROGRAM PROVIDED BY THE AMERICAN HEART ASSOCIATION RECOGNIZES CENTERS THAT MEET OR EXCEED QUALITY OF CARE MEASURES FOR PEOPLE EXPERIENCING THE MOST SEVERE TYPE OF HEART ATTACK, STELEVATION MYOCARDIAL INFARCTION (STEMI). THE ACCREDITATION IDENTIFIES HEALTHCARE FACILITIES THAT MEET SPECIFIC CRITERIA FOR LIFESAVING HEART ATTACK TREATMENTS THAT RESTORE BLOOD FLOW. KEY AREAS IN WHICH EXCEPTIONAL QUALITY OF CARE TO RECEIVE ACCREDITATION INCLUDE: o EXPERTISE, FACILITIES AND EQUIPMENT TO PERFORM PERCUTANEOUS CORONARY INTERVENTION (PCI), WHERE A SMALL BALLOON IS INSERTED THROUGH A CATHETER TO OPEN NARROWED OR BLOCKED BLOOD VESSELS IN THE HEART (CORONARY ARTERIES) o PCI READINESS ON A 24/7 BASIS o COORDINATION WITH EMERGENCY MEDICAL SERVICES (EMS) AND REFERRING CENTERS (NON-PCI) TO PREPARE FOR IMMEDIATE TREATMENT WHEN STEMI PATIENTS ARRIVE o FACILITATION OF STEMI PATIENT TRANSPORT PARTICIPATION IN A MULTIDISCIPLINARY TEAM WITH REPRESENTATIVES FROM EMS, CARDIAC CATHETERIZATION LAB, QUALITY IMPROVEMENT, CORONARY CARE UNIT, PHYSICIAN AND NURSING STAFF, MEET REGULARLY TO IDENTIFY CHALLENGES AND MAKE CONTINUOUS CARE IMPROVEMENTS * HEALTHGRADES AMERICA'S BEST 250 HOSPITALS AWARD TOP 5% IN THE NATION FOR CONSISTENTLY DELIVERING QUALITY CARE AND THE PATIENT SAFETY EXCELLENCE AWARD (TOP IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY PREVENTING INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE COMPLICATIONS) * BEST REGIONAL HOSPITALS - #8 IN VIRGINIA- US NEWS & WORLD REPORT CENTRA LYNCHBURG GENERAL HOSPITAL IS RANKED #8 IN VIRGINIA OUT OF 87 HOSPITALS IN VIRGINIA.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>2019 COMMUNITY BENEFIT HIGHLIGHTS</p>	<p>* CENTRA CONTINUES TO CONTRIBUTE MILLIONS OF DOLLARS TOWARD UNPAID COST OF PATIENT CARE, INCLUDING, BUT NOT LIMITED TO: ○ TRADITIONAL CHARITY CARE INCLUDES HEALTH CARE SERVICES TO PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY. DURING 2019, \$58,222,178 OF CHARGES AT AN ESTIMATED COST OF \$20,266,260 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 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. * CHARGES OF \$54,147,324 AT AN ESTIMATED COST OF \$25,800,895 WERE CONTRIBUTED AS BAD DEBT TO PATIENTS WHO DID NOT HAVE THE ABILITY TO PAY DURING 2019. ○ THE CALCULATION OF MEDICARE SHORTFALL DOES NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS ASSOCIATED WITH ITS PARTICIPATION IN THE MEDICARE PROGRAM, PER IRS INSTRUCTIONS. MEDICARE ALLOWABLE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING THE COST TO CHARGE RATIO. THEREFORE, THE UNREIMBURSED CALCULATED COSTS OF CARE RENDERED TO MEDICARE PATIENTS TOTALED \$92,527,771 IN 2019. ○ UNPAID COSTS OF MEDICAID, WHICH REFLECTS THE COST NOT REIMBURSED BY MEDICAID FOR CARE RENDERED TO MEDICAID PATIENTS TOTALED \$35,383,610 IN 2019. 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 2019 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 2019, OVER 314 HEALTH EDUCATION PROGRAMS AND HEALTH FAIRS REACHED MORE THAN 16,200 INDIVIDUALS WITHIN THE COMMUNITY. KNITTING CLASSES 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. FREE FARMERS MARKET THIS PROGRAM OFFERS 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 H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>2019 COMMUNITY BENEFIT HIGHLIGHTS</p>	<p>ELP 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. CANCER PATIENTS AND THEIR CAREGIVERS ARE INVITED TO JOIN US AT A FARMERS MARKET WHERE THEY CAN NOT ONLY STOCK UP ON FRESH VEGETABLES, BUT THEY CAN SEE HOW TO TURN THEM INTO DELICIOUS MEALS DURING A FREE COOKING DEMONSTRATION. YOGA AND TAI CHI EXERCISE CLASSES YOGA AND TAI CHI ARE OFFERED TO CAN HELP PATIENTS CENTER THEIR THOUGHTS AND MAINTAIN FLEXIBILITY, BUT BOTH HAVE 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 HAVE BEEN EVALUATED IN MANY STUDIES LOOKING AT CANCER SYMPTOMS. FIGHTING CANCER ISN'T EASY BUT GIVING UP ISN'T AN OPTION. YOGA AND TAI CHI HELP ENHANCE PHYSICAL AND EMOTIONAL WELLNESS AND HELPS BRING PEACE TO PATIENTS. 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 ONE CAN 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. DURING THE MONTH OF MARCH, WE HAVE A FEW PERFORMERS COME THROUGHOUT THE WEEKS AND PLAY ON A REGULAR BASIS FOR OUR CANCER PATIENTS. CARDIAC EDUCATION AND SCREENINGS VARIOUS PROGRAMS WITHIN THE STROOBANTS HEART CENTER OF FERMERS 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 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 FIVE OTHER FREE ONLINE RISK ASSESSMENTS WHICH IS LOCATED ON CENTRA HEALTHS WEBSITE. THE COMMUNITY CAN LOCATE THESE ASSESSMENTS BY GOING TO WWW.CENTRAHEALTH.COM AND SELECTING COMMUNITY HEALTH ON THE TOP TAB, THEN SELECT WELLNESS ASSESSM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>2019 COMMUNITY BENEFIT HIGHLIGHTS</p>	<p>ENTS. THESE ASSESSEMENTS ARE: o LUNG AWARE TO ASSESS THE RISK OF LUNG DISEASE o PAD AWARE TO ASSESS THE RISK OF PERIPHERAL ARTERY DISEASE o DIABETES AWARE TO ASSESS THE RISK OF DIABETES o SLEEP AWARE TO ASSESS THE RISK OF OBSTRUCTIVE SLEEP DISORDER o SPINE AWARE TO ASSESS THE RISK OF BACK AND SPINAL DISORDERS</p> <p>BE TOBACCO FREE CLINIC CENTRA HEALTH'S PULMONARY REHABILITATION PROGRAM OFFERS FREE ONE HOUR BE TOBACCO FREE PROGRAMS MONTHLY FOR PEOPLE CONSIDERING A TOBACCO-FREE LIFE, WHETHER IT'S SMOKING, VAPING OR CHEWING TOBACCO. DURING 2019, 60 INDIVIDUALS PARTICIPATED. WE COORDINATED THE GREAT AMERICAN SMOKE OUT AT THE PEARSON CANCER CENTER AND STROOBANT'S CARDIOVASCULAR CENTER IN ORDER TO HELP THE PUBLIC, PATIENTS, AND EMPLOYEES QUIT USING TOBACCO. WE WERE ABLE TO REACH 124 INDIVIDUALS DURING THIS PROGRAM. 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 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. SLEEP DISORDERS CENTER OUTREACH THE SLEEP DISORDERS CENTER AT VIRGINIA BAPTIST HOSPITAL AND THE FOREST SLEEP CENTER PARTICIPATED IN ONE HEALTH FAIR AT A LOCAL BUSINESS IN 2019. 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. MAAM (MAMMOGRAMS ANNUALLY A MUST) DURING 2019, CENTRA HEALTH PROVIDED 222 SCREENING MAMMOGRAMS TO UNINSURED AND UNDERINSURED WOMEN IN THE COMMUNITY WITH THE SUPPORT OF THE CENTRA FOUNDATION MAAM PROGRAM. FREE SCREENING MAMMOGRAPHY DAYS WERE HELD THROUGHOUT THE YEAR AT ALL CENTRA HEALTH MAMMOGRAPHY FACILITIES.</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
COMMUNITY CLASSES	<p>IN ADDITION TO FREE SCREENINGS, SUPPORT GROUPS AND COMMUNITY OUTREACH, CENTRA ALSO PROVIDE D EDUCATIONAL CLASSES TO THE COMMUNITY ON A BROAD RANGE OF HEALTH AND WELLNESS TOPICS. CLA SSES INCLUDE, BUT NOT LIMITED TO, CHILDBIRTH AND FAMILY EDUCATION, BABY CARE, BREAST-FEEDI NG, BOOTCAMP FOR DAD, DIABETES, DEPRESSION, AND HEART DISEASE. SUPPORT GROUPS SUPPORT GROU PS, OFFERED TO THE COMMUNITY WITHOUT CHARGE, PROVIDE A FORUM FOR EDUCATION AND THE EXCHANG E OF IDEAS. THESE GROUPS ADDRESS AN ARRAY OF ISSUES INCLUDING BEREAVEMENT, BREAST CANCER, PROSTATE CANCER, ETC. BEREAVEMENT SUPPORT GROUPS IN 2019, THE CENTRA HOSPICE BEREAVEMENT P ROGRAM OFFERED GRIEF SUPPORT GROUPS IN ALL 3 BUSINESS UNITS. THE GROUPS CONTINUE TO BE ENT ITLED, A JOURNEY TOWARD HOPE AND HEALING. THERE WAS A TOTAL OF 4 GROUP SERIES HELD IN LYNCHBURG, 1 GROUP SERIES HELD IN FARMVILLE, AND 2 GROUP SERIES OFFERED IN BEDFORD BUT CANCELLED DUE TO LACK OF PARTICIPATION. THE SIX, SIX-WEEK SERIES PROVIDED AN INTERDISCIPLINARY AN D HOLISTIC EDUCATIONAL AND SUPPORTIVE GROUP FORMAT, WITH THE HOSPICE MEDICAL DIRECTOR, HOS PICE CLINICAL SOCIAL WORKERS, HOSPICE BEREAVEMENT STAFF, AND HOSPICE CHAPLAINS SERVING AS FEATURED SPEAKERS. THE MULTI-SESSION GROUPS WERE HELD FOR AN HOUR-AND-A-HALF. THE SERIES W ERE OFFERED EITHER IN THE EVENING OR IN THE DAYTIME TO ACCOMMODATE PARTICIPANTS LIFE SCHED ULES. APPROXIMATELY EIGHTEEN (18) PERSONS ATTENDED A GRIEF SUPPORT GROUP SERIES IN 2019; (LYNCHBURG 16 ATTENDEES; FARMVILLE 2 ATTENDEES; BEDFORD 0 ATTENDEES). THE GRIEF SUPPORT GRO UP SERIES ARE FREE AND OPEN TO THE COMMUNITY-AT-LARGE, AS WELL AS TO FAMILY MEMBERS OF PER SONS SERVED BY HOSPICE. COMMUNITY SUPPORT ON MAY 11TH THE ANNUAL IN-SERVICE SPONSORED BY W HITTENS WAS HELD AT THE CENTRA HOSPICE OFFICE IN LYNCHBURG. THE TOPIC OF THE IN-SERVICE WAS AGING AMERICA: COPING WITH LOSS & DEATH IN LATER LIFE. BEREAVEMENT MANAGER PRESENTED ON BEREAVEMENT SERVICES AND WE HONOR VETERANS TO NEW HIRE DURING THE NEW HIRE ORIENTATION TR AINING ON MARCH 11, 2019. BEREAVEMENT MANAGER PARTICIPATED WITH THE VIRGINIA HOSPICE VETER ANS PARTNERSHIP (VHVP) CONFERENCE CALL ON MARCH 27, 2019. BEREAVEMENT MANAGER ALONG WITH T HREE OTHER MEMBERS OF THE BEREAVEMENT TEAM ATTENDED THE 2019 CHILDRENS GRIEF SYMPOSIUM SPO NSORED BY KIDS HAVEN ON MARCH 29, 2019. BEREAVEMENT MANAGER WAS ASKED TO SPEAK DURING HERI TAGE FUNERAL HOMES HOLIDAY MEMORIAL SERVICE ON DECEMBER 14, 2019. THERE WERE 72 PARTICIPAN TS AT THIS EVENT. DURING 2019, A MASS MAILING OCCURRED TO AREA NURSING HOMES AND ASSISTED LIVING FACILITIES RELATED TO AVAILABLE GRIEF SUPPORT GROUPS THROUGH CENTRA HOSPICE BEREAVE MENT SERVICES. FACILITY SUPPORT BEREAVEMENT MANAGER ATTENDED THE LYNCHBURG HOSPICE HOUSE S TAFF MEETING ON FEBRUARY 21, 2019 IN ORDER TO PRESENT STAFF THE MEMORY WREATH FOR THE HOSP ICE HOUSE. BEREAVEMENT MANAGER WENT TO THE LYNCHBURG HOSPICE HOUSE STAFF MEETING ON APRIL 18, 2019. STAFF WERE SHOWN THE DVD FROM THE MARCH 19TH LYNCHBURG MEMORIAL SERVICE. A REMEM BRANCE CEREMONY WAS HELD AT GU</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY CLASSES	<p>GGENHEIMER ON FEBRUARY 7TH AT 2PM. A BEREAVEMENT COUNSELOR AND A CHAPLAIN FACILITATED THE REMEMBRANCE CEREMONY. PATIENTS WHO PASSED DURING THE MONTHS OF JUNE - DECEMBER 2018 WERE REMEMBERED. BEREAVEMENT MANAGER PRESENTED THE REMEMBRANCE NOTEBOOK TO BEDFORD HOSPICE HOUSE STAFF DURING THEIR STAFF MEETING ON OCTOBER 29, 2019. THE MAY 5TH BEDFORD MEMORIAL SERVICE DVD WAS ALSO SHOWN TO STAFF ON THIS DATE. MEMORIAL SERVICES THE CENTRA HOSPICE BEREAVEMENT PROGRAM OFFERED HOSPICE-SPONSORED MEMORIAL SERVICES IN ALL THREE BUSINESS UNITS THIS YEAR. SIX SERVICES WERE HELD IN LYNCHBURG AT TIMBERLAKE UNITED METHODIST CHURCH; THREE SERVICES WERE HELD IN FARMVILLE AT ST. JOHNS LUTHERAN CHURCH; AND TWO SERVICES WERE HELD IN BEDFORD AT BEDFORD CHRISTIAN CHURCH. OVERALL, THERE WERE 629 DEATHS IN LYNCHBURG, 83 IN BEDFORD, 113 IN FARMVILLE. OVERALL, THE CENTRA HOSPICE BEREAVEMENT PROGRAM OFFERED BEREAVEMENT SUPPORT TO 1,350 +/- FAMILY MEMBERS OF PERSONS SERVED BY CENTRA HOSPICE. IN ADDITION TO OUR GRIEF SUPPORT GROUP SESSIONS, 298 SUPPORTIVE BEREAVEMENT VISITS AND/OR SUPPORTIVE BEREAVEMENT COUNSELING SESSIONS WERE PROVIDED BY BEREAVEMENT STAFF EITHER IN THE PERSONS HOME OR AT THE HOSPICE OFFICE (230 IN THE LYNCHBURG BUSINESS UNIT; 40 IN THE FARMVILLE BUSINESS UNIT; AND 28 IN THE BEDFORD BUSINESS UNIT). ADDITIONAL BEREAVEMENT UPDATES BEREAVEMENT MANAGER, HOSPICE MANAGER OF BUSINESS DEVELOPMENT, AND CENTRA HEALTH MARKETING MANAGER BEGAN DISCUSSIONS AND WORKING THROUGH THE DETAILS OF THE GRIEF AWARENESS COMMUNITY ENGAGEMENT CAMPAIGN. THE SIT AND SHARE BENCHES WERE CREATED AND PLACED WITHIN THE COMMUNITY DURING 2019. PEARSON CANCER CENTER BREAST CANCER SUPPORT GROUP THIS GROUP IS OFFERED TO WOMEN DIAGNOSED WITH EARLY BREAST CANCER. THE SUPPORT GROUP ADDRESSES BREAST HEALTH AND RELATED ISSUES OF IMPORTANCE TO WOMEN WITH BREAST CANCER. THIS GROUP MEETS ONCE A MONTH AND REACHED 28 WOMEN IN 2019. LUNG DISEASES AND TO PROVIDE SUPPORT AND ENCOURAGEMENT TO INDIVIDUALS AND FAMILY MEMBERS OF THOSE WITH CHRONIC LUNG DISEASE. PROSTATE SUPPORT GROUP THIS GROUP IS AN EDUCATIONAL SUPPORT GROUP SUPPORTED BY CENTRAS NURSE NAVIGATORS, 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. IN-KIND & CASH DONATIONS * DURING 2019, CENTRA HEALTH DONATED OVER \$64,147 IN MEDICAL SUPPLIES TO THE GLEANING FOR THE WORLD ORGANIZATION. * DURING 2019, CENTRA LAB PROCESSED A COMBINED TOTAL OF 2,148 LABORATORY TESTS FOR CENTRAL VIRGINIA FREE CLINIC CLIENTS AT NO CHARGE. THIS DONATED SERVICE RESULTED IN A COMMUNITY BENEFIT OF APPROXIMATELY \$434,137. * DURING 2019, APPROXIMATELY 18,979 MEALS WERE PROVIDED TO THE LYNCHBURG MEALS ON WHEELS PROGRAM AT A COST OF APPROXIMATELY \$58,835. * DURING 2019, CASH DONATIONS MADE BY CENTRA HEALTH TO THE COMMUNITY TOTALED \$1,040,396. SPECIAL NEEDS PROJECTS & MENTORING CENTRA PROVIDES AND PROMOTES MA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY CLASSES	<p>NY 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 CENTRAS 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: BABY BASICS BABY BASICS IS A FREE PROGRAM THAT IMPROVES BIRTH OUTCOMES BY PROVIDING PRENATAL EDUCATION AND EMOTIONAL SUPPORT FOR MOMS-TO-BE IN A FUN GROUP SETTING. IT OFFERS AN OPPORTUNITY FOR PREGNANT WOMEN IN VARIOUS STAGES OF THEIR PREGNANCIES TO EXPLORE ISSUES, RECEIVE INFORMATION, LEARN PRACTICAL SKILLS AND HAVE THEIR QUESTIONS ANSWERED AS A GROUP. BABY BASICS IS FACILITATED BY A TRAINED EDUCATOR IN AN INFORMAL AND NON-INTIMIDATING SETTING, USING A COLORFUL, COMPREHENSIVE AND EASY TO UNDERSTAND PRENATAL GUIDE. PARTICIPANTS MET IN LYNCHBURG 2 THURSDAYS A MONTH JANUARY THROUGH MAY AND THE FIRST FOUR THURSDAYS OF THE MONTH JUNE THROUGH OCTOBER, FROM 5:30PM-7PM AT THE CENTER FOR CHILDBIRTH AND FAMILY EDUCATION AT CENTRA VIRGINIA BAPTIST HOSPITAL. PARTICIPANTS RECEIVED INFORMATION AT EVERY MEETING ON AT LEAST ONE OF THE FOLLOWING CORE TOPICS: PRETERM LABOR, NUTRITION, SAFE SLEEP, BREASTFEEDING, SUBSTANCE USE AND ABUSE/DEPRESSION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
2019 ACTIVITIES AND OUTREACH	<p>* HOSTED 28 BABY BASICS MEETINGS * SERVED 346 PREGNANT WOMEN AND THEIR SUPPORT PERSONS * C ONTINUED PARTNERSHIPS WITH KROGER AND CENTRA CATERING TO PROVIDE SERVICES AND/OR FOOD. * R ECRUITMENT BY PHONE AND THROUGH DISTRIBUTION OF FLYERS TO PRACTITIONERS. * REACHED OUT TO POTENTIAL SPEAKERS, LACTATION CONSULTANTS, MIDWIVES, YWCA, FIRE DEPARTMENT. COMMUNITY VOIC E COMMUNITY VOICE IS AN EVIDENCED BASED, CONSUMER EDUCATION PROGRAM WHOSE GOALS WERE TO RA ISE AWARENESS OF THE HEALTH DISPARITY THAT EXISTS IN INFANT MORTALITY, TO PROVIDE CULTURAL LY RELEVANT PERINATAL HEALTH INFORMATION AND TO INFLUENCE BEHAVIORS BY TAKING INFORMATION DIRECTLY TO THE PEOPLE WHOM BLACK WOMEN OF CHILDBEARING AGE ARE MOST LIKELY TO TRUST AND T RAIN THEM TO BE LAY HEALTH ADVISORS. ONCE TRAINED, LAY HEALTH ADVISORS HAVE THE KNOWLEDGE AND POWER TO TEACH, MOTIVATE, AND INFLUENCE THEIR FAMILY, FRIENDS AND NEIGHBORS. IN 2019 O VER 67 COMMUNITY RESIDENTS RECEIVED INFORMATION ON SAFE SLEEP, BREASTFEEDING, PRETERM BIRT H, SUBSTANCE USE AND ABUSE, NUTRITION, FOLIC ACID, PRENATAL CARE AND OTHER PERINATAL HEALT H TOPICS THROUGH A COMBINATION OF CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES FROM JANUARY THROUGH MAY. *TAUGHT 13 CLASSES IN LYNCHBURG *ATTENDED 3 COMMUNITY HEALTH FAIRS OR EVENTS *DEVELOPED ONGOING PARTNERSHIPS WITH AGENCIES AND CHURCHES IN LYNCHBURG *ONGOING CV RECRUI TMENT IN LYNCHBURG 2019 COMMUNITY VOICE OUTREACH LOCATIONS: *DANIELS HILL *TINBRIDGE HIL * DIAMOND HILL *COLLEGE HILL *JUBILEE FAMILY DEVELOPMENT CENTER *JOHNSON HEALTH CENTER *MIRI AMS HOUSE *DOMESTIC VIOLENCE SHELTER *LIBERTY GODPARENT HOME *BLUE RIDGE PREGNANCY CENTER *JAMES CROSSING APARTMENTS *PARKVIEW MISSIONS *PRAYER FAITH OUTREACH MINISTRIES *BEDFORD C OMMUNITY COALITION *LIBERTY UNIVERSITY *VIRGINIA UNIVERSITY OF LYNCHBURG *LYNCHBURG COLLEG E 2019 COMMUNITY VOICE CLASS LOCATIONS: *PARKVIEW MISSIONS *LYNCHBURG PARKS AND RECREATION MILLER CENTER *COMMUNITY ACCESS NETWORK FORENSIC NURSE PROGRAM THE FORENSIC NURSE PROGRAM BEGAN IN 1997. IT CONSISTS OF REGISTERED NURSES TRAINED IN THE COLLECTION OF FORENSIC EVI DENCE. THE FORENSIC NURSES WORK WITH LAW ENFORCEMENT, SOCIAL SERVICES AND THE COURT SYSTEM . NURSES RESPOND TO VICTIMS OF PHYSICAL ASSAULT, SEXUAL ASSAULT AND ABUSE AND NEGLECT IN B OTH THE ADULT AND PEDIATRIC POPULATION. THEY ALSO PROVIDE EDUCATIONAL/TRAINING LECTURES TO RESCUE AGENCIES, POLICE DEPARTMENTS, POLICE ACADEMY, ATTORNEYS AND VARIOUS COLLEGES INCLU DING THE CRIMINAL JUSTICE AND NURSING PROGRAMS. THIS PROGRAM SERVES CLIENTS FROM CENTRAL V IRGINIA AND THE SURROUNDING AREA. IN 2019, THE PROGRAM SAW 855 PATIENTS AND HAD AN ADDITIO NAL 503 CONSULTS. RIVERMONT SCHOOLS CENTRAS RIVERMONT SCHOOLS PROVIDE SPECIALIZED EDUCATIO N FOR STUDENTS WITH BEHAVIORAL OR EMOTIONAL CONCERNS AS WELL AS STUDENTS ON THE AUTISM SPE CTRUM. FOURTEEN SCHOOLS THROUGHOUT VIRGINIA ADDRESS THE NEEDS OF MORE THAN 800 STUDENTS AN D OPERATE ON A 180-220 DAY SCHOOL YEAR CALENDAR. RIVERMONT SCHOOLS ARE LOCATED IN LYNCHBUR G, ROANOKE, CHASE CITY, DAN RI</p>

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Return Reference	Explanation
2019 ACTIVITIES AND OUTREACH	<p>VER, HAMPTON ROADS, TIDEWATER, ALLEGHANY HIGHLANDS, FREDERICKSBURG, PETERSBURG, FAIRFAX, AND ROCKBRIDGE. RIVERMONT SCHOOLS PROVIDE A UNIQUE AND SUPPORTIVE ENVIRONMENT SERVING SCHOOL-AGE CHILDREN EXPERIENCING EMOTIONAL DIFFICULTIES AND AUTISM. EACH RIVERMONT STUDENT RECEIVES LEARNING OPPORTUNITIES THAT PROMOTE SELF-ACTUALIZATION, THE VALUE OF LEARNING, SELF-DISCIPLINE, COOPERATION, RESILIENCY AND SELF-ADVOCACY THROUGH TEACHING EXCELLENCE, THERAPEUTIC SUPPORT, FAMILY PARTICIPATION, AND COMMUNITY INVOLVEMENT. VOLUNTEER SERVICES CENTER 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 VOLUNTEERS DONATE 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 2019, LYNCHBURG HOSPICE VOLUNTEERS DONATED 6,049 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 AND MEDICATION DELIVERY, CLEANING, INTERACTING WITH PATIENTS AND FAMILIES. THEY ALSO OFFER SUPPORT TO FAMILIES WHO HAVE LOST A LOVED ONE THROUGH PARTICIPATING IN THE HOSPICE MEMORIAL SERVICES 6 TIMES DURING THE YEAR. OUR VOLUNTEERS USE THEIR OWN CARS AND HAVE REPORTED DRIVING 1,457 MILES IN 2019.</p>

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Return Reference	Explanation
ASSISTANCE THRU DONATIONS	<p>CENTRA HEALTH, INC. DONATED \$500,000 TO CENTRA HEALTH FOUNDATIONS COMMUNITY INITIATIVE FUN D DURING 2019. NUMEROUS ORGANIZATIONS AND INDIVIDUALS BENEFIT FROM THE VARIOUS PROGRAMS AN D ASSISTANCE PROVIDED WITH THE HELP OF THESE DONATIONS. BELOW IS THE LIST OF LOCAL ORGANIZATI ONS WHICH CENTRA FUNDS SUPPORTED IN 2019: 1. Altavista Area/Campbell County Habitat for Humanity To support Altavista area/Campbell County partnership housing grant \$10,000 2. A melia Emergency Squad, Inc. To provide the Zoll X-Series Monitor/Defibrillator \$31,370 3. Amherst Glebe Arts Response, Inc. (AGAR) To support Acrylic Painting arts class series for individuals attending CVAL (Centra/Fairmont Crossing) \$3,771 4. Aspire Foundation, Inc. T o support the Dolly Parton Imagination Library, Lynchburg \$6,000 5. Boys & Girls Club of G reater Lynchburg To support healthy life choices programming \$10,000 6. BrookHill Retireme nt Center for Horses To provide scholarships for low income youth with mental health disab ilities; and support non-traditional therapy for children with emotional & physical disabi lities \$10,000 7. Camp Kum-Ba-Yah To support expansion of environmental education program to improve community \$9,000 8. Central Virginia Alliance for Community Living, Inc. To sup port Bedford Ride volunteer non-emergency medical transportation \$30,000 9. Central Virg inia Alliance for Community Living, Inc. TAKE CHARGE: Priority Care Transitions Program a pr ogram that partners with Centra Health and other providers to address care transitions of high-risk patients from hospital/facility with a goal to reduce readmissions \$69,000 10. C entral Virginia Health Services To help provide access to early pregnancy care for uninsur ed & low- income women \$6,400 11. Coalition of HIV Prevention (CHAP) of Central VA To supp ort the purchase of HIV rapid tests, home tests, HIV testing equipment & provide counselin g & follow-up \$10,000 12. Danville Pittsylvania Cancer Association, Inc. To support the wo rking to unravel the effects of cancer project \$15,000 13. Farmville Area Habitat for Huma nity To support improving access to affordable housing \$10,000 14. Fear to Freedom To supp ort the Aftercare Kits program \$6,000 15. Foundation for Rehabilitation Equipment and Endo wment a.k.a. F.R.E.E. To support keeping adults home safely \$15,000 16. Friends of Lynchbu rg Parks & Recreation To support the Fit and Strong project \$11,462 17. Girls on the Run T o support and sustain Girls on the Run Teams in all areas of the Greater Lynchburg Region. \$10,000 18. Heart of Virginia Free Clinic (Farmville) To support medication access progra m (MAP) \$23,000 19. Interfaith Outreach Association To support the Safe at Home project \$1 5,000 20. Johnson Health Center To support improving access to healthcare through transpor tation \$35,000 21. Jubilee Family Development Center To support summer camp scholarships f or Three-Point Play program for students \$15,000 22. Literacy Volunteers of Campbell Count y Public Library To support he</p>

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Return Reference	Explanation
ASSISTANCE THRU DONATIONS	alth stories project for the purchase of books \$700 23. Lynchburg City School Education Fo undation, Inc. To support Classroom Innovation Grants project \$5,000 24. Lynchburg Communi ty Action Group, Inc. To support the Gateway program \$25,000 25. Lynchburg Daily Bread To support the healthy choices for the underserves project \$8,500 26. Lynchburg Grows To supp ort the FreshRX III project \$20,000 27. Meals on Wheels of Greater Lynchburg To support fe eding the homebound project \$10,000 28. Miriam's House To support the community first expa nsion project. \$20,000 29. Park View Mission, Inc. To support the food for families and fo od for thought projects \$28,000 30. Postpartum Support Virginia, Inc. (PSVA) To support Ly nchburg maternal mental health coalition \$8,000 31. Roads to Recovery To support the Roads to Recovery smiles initiative project \$30,000 32. Rush Homes To support the James River H ousing project \$20,000 33. Second Stage/Amherst To support the Cultivate Amherst 2020 proj ect \$10,000 34. Virginia Legal Aid To support home improvement and protection (HIP) progra m \$10,000

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2:	<p>Board member Peter Caprise, MD and Key Employee Chris Thomson are both board members of The Surgery Center of Lynchburg, a 50% joint venture of Centra Health, Inc. FORM 990, PART VI, SECTION A, LINES 8 A & 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. 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, LINES 15A & 15B: CENTRA HAS ESTABLISHED A COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS PLUS FOUR ADDITIONAL MEMBERS OF CENTRA'S BOARD OF DIRECTORS. ALL FIVE 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. FORM 990, PART VI, SECTION C, LINE 16B: JOINT VENTURE POLICY - CENTRA HEALTH, INC. ADOPTED A JOINT VENTURE POLICY, IN 2014, WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS UNDER APPLICABLE FEDERAL TAX LAW AND TAKE STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.</p>

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

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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION REPORTING 5,753,067 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT (3,038,971) NET ASSETS RELEASED FROM RESTICTIONS TO AFFILIATED ENTITIES (597,283) MINORITY INTEREST (259,436) NET PERIODIC PENSION COST (5,876,899) ROUNDING (4) ----- TOTAL TO FORM 990, PART XI, LINE 9 (\$4,019,526) =====

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED/CONTRACTED SERVICES TOTAL FEES: 82270980

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES TOTAL FEES:65883982

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER TOTAL FEES:13185023

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRA HEALTH INC

Employer identification number

54-0715569

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTRA HEALTH INDEMNITY COMPANY LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 27-0927253	CAPTIVE INSUR	VT	4,912,421	28,545,617	CENTRA HEALT
(2) CENTRAL VA HOSPITAL FOR RESTORATIVE CARE 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	9,740,423	3,740,256	CENTRA HEALT
(3) CENTRA MEDICAL GROUP LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-3639329	PHYSICIAN SVC	VA	194,958,746	72,431,782	CENTRA HEALT
(4) CENTRAL VA QUALITY CARE NETWORK LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-4453641	INT. NETWORK	VA	47,049	57,554	CENTRA HEALT
(5) CENTRA OP REHABILITATION SERVICES LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-1052716	OP REHAB	VA	5,436,807	974,334	CENTRA HEALT
(6) HEALTHWORKS LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 26-3026223	OT PROVIDER	VA	2,770,734	3,592,293	CENTRA HEALT

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHSIDE COMMUNITY HOSPITAL 800 OAK STREET FARMVILLE, VA 23901 54-0555201	HEALTHCARE	VA	501(C)(3)	LINE 3	NA	Yes	
(2) CCRC INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1929580	HEALTHCARE	VA	501(C)(3)	LINE 12A, I	NA	Yes	
(3) CENTRA HEALTH FOUNDATION INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1604094	SUPPORTING OR	VA	501(C)(3)	LINE 12A, I	NA	Yes	
(4) BEDFORD MEMORIAL HOSPITAL 1613 OAKWOOD STREET BEDFORD, VA 24523 54-0566100	HEALTHCARE	VA	501(C)(3)	LINE 3	NA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GENERAL BUSINESS CONCERNS INC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1299682	REAL ESTATE-PHYS	VA	NA	C Corp	523,664	1,710,642	100.000 %	Yes	
(2) PCHP HOLDING INC 2316 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1749492	HOLDING COMPANY	VA	NA	C Corp	0	7,366,734	100.000 %	Yes	
(3) PIEDMONT COMMUNITY HEALTH PLAN INC 2316 ATHERHOLT ROAD LYNCHBURG, VA 24501 54-1755768	HEALTH INSURANCE	VA	NA	C Corp	89,342,328	79,983,698	100.000 %	Yes	

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
CENTRA HEALTH INDEMNITY COMPANY LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 27-0927253	CAPTIVE INSUR	VT	4,912,421	28,545,617	CENTRA HEALT
CENTRAL VA HOSPITAL FOR RESTORATIVE CARE 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-4712023	HEALTHCARE	VA	9,740,423	3,740,256	CENTRA HEALT
CENTRA MEDICAL GROUP LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 20-3639329	PHYSICIAN SVC	VA	194,958,746	72,431,782	CENTRA HEALT
CENTRAL VA QUALITY CARE NETWORK LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-4453641	INT. NETWORK	VA	47,049	57,554	CENTRA HEALT
CENTRA OP REHABILITATION SERVICES LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 47-1052716	OP REHAB	VA	5,436,807	974,334	CENTRA HEALT
HEALTHWORKS LLC 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 26-3026223	OT PROVIDER	VA	2,770,734	3,592,293	CENTRA HEALT

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTRA HEALTH FOUNDATION	b	500,000	BOOK VALUE
CENTRA HEALTH FOUNDATION	c	2,971,489	BOOK VALUE
CENTRA HEALTH FOUNDATION	p	300,158	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL	D	25,585,226	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL	Q	4,083,490	BOOK VALUE
SOUTHSIDE COMMUNITY HOSPITAL	K	311,287	BOOK VALUE
CCRC INC	Q	106,121	BOOK VALUE
GENERAL BUSINESS CONCERNS INC	K	284,508	BOOK VALUE
BEDFORD MEMORIAL HOSPITAL	Q	2,048,387	BOOK VALUE
BEDFORD MEMORIAL HOSPITAL	K	241,153	BOOK VALUE
PCHP	Q	234,214	BOOK VALUE
PCHP	K	132,770	BOOK VALUE