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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CABELL HUNTINGTON HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1340 HAL GREER BOULEVARD

City or town, state or country, and ZIP + 4
HUNTINGTON, WV 25701

D Employer identification number
55-0675666

E Telephone number
(304) 526-2000

G Gross receipts $ 380,680,642

F Name and address of principal officer
BRENT MARSTELLER
1340 HAL GREER BLVD
HUNTINGTON, WV 25701

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CABELLHUNTINGTON ORG

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

L Year of formation 1986

M State of legal domicile WV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO MEET LIFETIME HEALTHCARE NEEDS OF THOSE SERVED

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	2,510
6	Total number of volunteers (estimate if necessary)	6	193
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	6,980
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,985

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		72,640
9	Program service revenue (Part VIII, line 2g)	310,745,009	336,705,692
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,035,652	8,066,295
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,386,878	3,369,059
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	313,167,539	348,213,686
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		8,233,624
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	149,801,434	154,053,197
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	167,017,000	177,566,748
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	316,818,434	339,853,569
19	Revenue less expenses Subtract line 18 from line 12	-3,650,895	8,360,117
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	383,137,466	401,540,158
21	Total liabilities (Part X, line 26)	244,684,029	306,599,680
22	Net assets or fund balances Subtract line 21 from line 20	138,453,437	94,940,478

Part II Signature Block

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

Sign Here

****** | 2010-08-13
Signature of officer | Date

D MONTE WARD SENIOR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Karissa Cost			

Firm's name (or yours if self-employed), address, and ZIP + 4: DIXON HUGHES PLLC, PO BOX 1556, MORGANTOWN, WV 265071556

EIN ▶

Phone no ▶ (304) 292-7343

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

TO MEET THE LIFETIME HEALTHCARE NEEDS OF THOSE SERVED TO PROVIDE THE HIGHEST LEVEL OF SERVICE, QUALITY AND EFFICIENCY TO ADVANCE HEALTHCARE THROUGH EDUCATION

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 280,584,758 including grants of $ 8,233,624) (Revenue $ 340,063,230)

It is the mission of Cabell Huntington Hospital (THE "ORGANIZATION") to promote health in the region through the development and delivery of a full spectrum of services that improve the physical, mental, and spiritual dimensions of the lives of those served The ORGANIZATION is licensed for 313 beds and staffed 295 INDIVIDUALS during fiscal YEAR 2009 In addition to its adult and pediatric units, the ORGANIZATION operates a pediatric intensive care unit, a neonatal intensive care unit, a burn intensive care unit, a surgical intensive care unit, a medical intensive care unit, and a coronary care unit The ORGANIZATION is governed by a voluntary board of independent, local citizens All expenses for program services relate to providing healthcare services to the patients of THE ORGANIZATION During FISCAL YEAR 2009, THE ORGANIZATION provided services to 15,386 inpatients, which resulted in providing 74,143 days of care The ORGANIZATION also provided care to 465,842 outpatients This included 59,671 patient visits to the ORGANIZATION's emergency room, which is operated 24 hours and is open to all patients regardless of their ability to pay Also provided on an outpatient basis were 16,088 surgical procedures, 14,673 renal dialysis treatments, and 19,723 home health visits Although reimbursement for the services indicated above is vital to the continuing financial stability of the ORGANIZATION, it is recognized that not all individuals possess the ability to pay for their care Accordingly, the ORGANIZATION provides care to patients who meet its charity established rates In FISCAL YEAR 2009, the ORGANIZATION provided $22,239,490 of uncompensated care, which represents 3 1% of its total patient revenue The estimated cost of providing this uncompensated care was $8,686,036 THE ORGANIZATION also provides services to patients with special needs and low income through its obstetric clinic This clinic provides education and support to expectant mothers who might otherwise have insufficient or no prenatal care THE ORGANIZATION contributed $54,171 IN PHARMACY SUPPLIES to the Ebenezer Medical Outreach Center's Community Pharmacy, which provides free prescription medication for those who qualify The ORGANIZATION also partners with Ebenezer Medical Outreach Center to provide free medical testing for the local indigent population In FISCAL YEAR 2009, THE ORGANIZATION provided $288,797 in free medical tests, which is included in the uncompensated care noted above THE ORGANIZATION offers a variety of education classes, health fairs, and screening to the public throughout the year at no charge Services offered and costs to THE ORGANIZATION for fiscal YEAR 2009 TOTALED education classes $49,111, exercise classes $2,000, health fairs $34,918, health screenings $27,141, AND ADDITIONAL COMMUNITY OUTREACH $499,888 THE ORGANIZATION's social work department provided medications for those unable to afford the medicines prescribed by the ORGANIZATION's emergency room physicians Additionally, the department provides car seats for infants whose families cannot afford them The department also donated infant car seats for neonates who were too small for car seats THE ORGANIZATION'S dietitians provided free dietary instructions for outpatients who could not afford the nominal cOST The ORGANIZATION also provided free meals to needy families during FISCAL YEAR 2009 These family members included patients who were unable to return home for meals or family members of patients who lived outside a 30 mile radius of the hospital and were unable to purchase their meals THE ORGANIZATION's volunteer department also provided free wigs to indigent cancer patients

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** ▶ $ 280,584,758 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 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, questions 3, 4, or 5? *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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	41		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,510		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

D MONTE WARD SENIOR VPCFO
1340 HAL GREER BOULEVARD
HUNTINGTON, WV 25701
(304) 526-2000

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID PORTER CHAIRMAN	2 00	X		X				0	0	0
CAROLYN BAGBY Vice-Chairman	2 00	X		X				0	0	0
DAVID FOX III Secretary	2 00	X		X				0	0	0
FLOYD HARLOW JR Treasurer	2 00	X		X				0	0	0
STEVEN BURTON BOARD MEMBER	2 00	X						0	0	0
JIM CALL BOARD MEMBER	2 00	X						0	0	0
PETER CHIRICO BOARD MEMBER	2 00	X						0	0	0
MARIAN COX BOARD MEMBER	2 00	X						0	0	0
RON FERRELL BOARD MEMBER	2 00	X						0	0	0
CARROLL JUSTICE BOARD MEMBER	2 00	X						0	0	0
CHRISTIE KINSEY BOARD MEMBER	2 00	X						0	0	0
TIM KINSEY BOARD MEMBER	2 00	X						0	0	0
CHARLES MCKOWN BOARD MEMBER	2 00	X						0	0	0
BOYD MEADOWS BOARD MEMBER	2 00	X						0	0	0
TIM MILLNE BOARD MEMBER	2 00	X						0	0	0
SAMUEL MOORE BOARD MEMBER	2 00	X						0	0	0
ALAN MORRISON BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROSS PATTON BOARD MEMBER	2 00	X						0	0	0
EDUARDO PINO BOARD MEMBER	2 00	X						0	0	0
JIM SCHNEIDER BOARD MEMBER	2 00	X						0	0	0
VICKIE SMITH BOARD MEMBER	2 00	X						0	0	0
KEVIN YINGLING BOARD MEMBER	2 00	X						0	0	0
Brent Marsteller President/CEO	47 00			X				695,000	0	42,984
D MONTE Ward SENIOR VP/CFO	45 00			X				305,568	0	106,353
Glen Washington SENIOR VP/OPERATIONS	45 00			X				181,076	0	19,245
Hoyt Burdick VP Medical Affairs	45 00			X				304,835	0	64,794
Paul Smith VP & General Counsel	45 00			X				171,696	0	77,858
David Graley VP/COO Foundation	45 00			X				127,228	0	16,006
Rosemary Smith VP Nursing Services	45 00			X				166,129	0	68,746
MARK TWILLA VP/ANCILLARY & SUPPORT	45 00			X				13,568	0	0
Barry Tourigny VP Human Resources	45 00			X				164,414	0	7,530
SANJAY SHAH VP/CIO	45 00			X				167,666	0	26,764
MICKEY NEAL DIRECTOR OF ANESTHESIA	45 00					X		409,268	0	26,526
THOMAS POULTON Anesthesiologist	45 00					X		398,996	0	22,114
MICHAEL VEGA Anesthesiologist	45 00					X		343,940	0	28,451
ALFREDO RIVAS Anesthesiologist	45 00					X		342,603	0	28,451
DAVID HINCHMAN ER PHYSICIAN	45 00					X		335,278	0	29,506
1b Total . . . . . ▶								4,127,265	0	565,328

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 107

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY PHYSICIANS & SURGEONS INC 1600 MEDICAL CENTER DRIVE HUNTINGTON, WV 25701	MEDICAL SCHOOL	20,056,809
BAILES CRAIG & YON PO BOX 1926 HUNTINGTON, WV 25720	LEGAL FEES	1,045,521
HOSPITAL HOUSEKEEPING SYSTEMS PO BOX 826 SAN ANTONIO, TX 78293	CONSULTING SERVICES	807,772
DIXON HUGHES PLLC PO BOX 1747 CHARLESTON, WV 25326	CONSULTING SERVICES	699,781
TRI STATE REHAB SERVICES 2700 GREENUP AVENUE ASHLAND, KY 41101	HOME HEALTH REHAB	481,640

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 29

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 72,640				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	72,640			
Program Service Revenue		Business Code				
	2a	NET PATIENT REVENUE	621,990	328,705,056	328,705,056	
	b	LABORATORY INCOME	621,500	8,000,636	7,989,115	11,521
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	336,705,692			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	3,563,253		-4,541	3,567,794
	4	Income from investment of tax-exempt bond proceeds . . ▶	174,631			174,631
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 144,388				
	b	Less rental expenses 86,581				
	c	Rental income or (loss) 57,807				
	d	Net rental income or (loss) . . . . . ▶	57,807	57,807		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 26,935,016 / 9,773,770				
	b	Less cost or other basis and sales expenses 32,152,340 / 228,035				
	c	Gain or (loss) -5,217,324 / 9,545,735				
	d	Net gain or (loss) . . . . . ▶	4,328,411			4,328,411
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	OUTSIDE SERVICES 621,990	1,155,476	1,155,476		
	b	CAFETERIA 624,200	1,119,874	1,119,874		
	c	AEROMED INCOME 621,990	936,800	936,800		
	d	All other revenue	99,102	99,102		
	e	**Total.** Add lines 11a–11d . . . . . ▶	3,311,252			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	348,213,686	340,063,230	6,980	8,070,836

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) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,233,624	8,233,624		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,286,306	457,261	1,829,045	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,460,956	88,368,765	22,092,191	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,727,160	6,181,728	1,545,432	
9	Other employee benefits	24,050,364	19,240,291	4,810,073	
10	Payroll taxes	9,528,411	7,622,729	1,905,682	
11	Fees for services (non-employees)				
a	Management				
b	Legal	952,476	761,981	190,495	
c	Accounting	212,815	170,252	42,563	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	301,850	241,480	60,370	
g	Other	29,356,592	23,485,274	5,871,318	
12	Advertising and promotion	1,995,117	1,596,094	399,023	
13	Office expenses	56,542,791	45,234,233	11,308,558	
14	Information technology	3,291,606	2,633,285	658,321	
15	Royalties				
16	Occupancy	13,244,685	10,595,748	2,648,937	
17	Travel	271,357	217,086	54,271	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,654,647	4,523,718	1,130,929	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,219,437	14,575,550	3,643,887	
23	Insurance	2,913,899	2,331,119	582,780	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	29,556,961	29,556,961		
b	MEDICAL EDUCATION	6,514,104	6,514,104		
c	PROVIDER TAX	6,063,729	6,063,729		
d					
e					
f	All other expenses	2,474,682	1,979,746	494,936	
25	**Total functional expenses.** Add lines 1 through 24f	339,853,569	280,584,758	59,268,811	0
26	**Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	14,797,177	1	31,454,640
	2	Savings and temporary cash investments	365,576	2	464,480
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	47,038,039	4	47,700,268
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,541,493	8	5,423,949
	9	Prepaid expenses and deferred charges	1,769,895	9	1,380,328
	10a	Land, buildings, and equipment cost basis — 10a: 358,546,537			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 156,202,974	212,594,592	10c	202,343,563
	11	Investments—publicly traded securities	59,741,672	11	54,477,134
	12	Investments—other securities See Part IV, line 11	17,589,586	12	38,333,666
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	23,699,436	15	19,962,130
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	383,137,466	16	401,540,158
Liabilities	17	Accounts payable and accrued expenses	46,098,212	17	53,664,484
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	110,690,000	20	131,001,214
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	27,813,404	23	6,934,977
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	60,082,413	25	114,999,005
	26	**Total liabilities.** Add lines 17 through 25	244,684,029	26	306,599,680
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	112,620,478	27	71,293,451
	28	Temporarily restricted net assets	25,832,959	28	23,647,027
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	138,453,437	33	94,940,478
	34	Total liabilities and net assets/fund balances	383,137,466	34	401,540,158

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 XIV

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

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

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,415,591		6,415,591
b Buildings		180,919,288	24,073,226	156,846,062
c Leasehold improvements				
d Equipment		159,078,706	130,969,355	28,109,351
e Other		12,132,952	1,160,393	10,972,559
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				202,343,563

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other PARTNERSHIP/EQUITY INVESTMENTS	12,751,713	F
CASH AND CASH EQUIVALENTS	25,581,953	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	38,333,666	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PROFESSIONAL LIABILITY	11,616,000
ACCRUED POST RETIREMENT BENEFITS COST	95,454,411
DEFERRED GAIN	7,134,013
OTHER LIABILITIES	794,581
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	114,999,005

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	348,213,686
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	339,853,569
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,360,117
4	Net unrealized gains (losses) on investments	4	4,912,316
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-56,785,392
9	Total adjustments (net) Add lines 4 - 8	9	-51,873,076
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-43,512,959

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	300,972,636
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,912,316		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-52,239,947		
e	Add lines **2a** through **2d**			2e	-47,327,631
3	Subtract line **2e** from line **1**			3	348,300,267
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 XIV)	4b	-86,581		
c	Add lines **4a** and **4b**			4c	-86,581
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	348,213,686

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	344,485,595
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	4,933,876		
e	Add lines **2a** through **2d**			2e	4,933,876
3	Subtract line **2e** from line **1**			3	339,551,719
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 XIV)	4b	301,850		
c	Add lines **4a** and **4b**			4c	301,850
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	339,853,569

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		LOSS ON EXTINGUISHMENT OF DEBT -5077217 INCREASE IN PENSION LIABILITY -46860882 CHANGE IN EFFECTIVE INTEREST RATE SWAP -4847293
Part XII, Line 2d - Other Adjustments		LOSS ON EXTINGUISHMENT OF DEBT INCLUDED IN REVENUE ON AFS -5077217 INCREASE IN PENSION LIABILITY INCLUDED IN REVENuE ON AFS -46860880 INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS -301850
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 -86581
Part XIII, Line 2d - Other Adjustments		CHANGE IN EFFECTIVE INTEREST RATE SWAP INCLUDED IN EXPENSES ON AFS 4847295 RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 86581
Part XIII, Line 4b - Other Adjustments		INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS 301850

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CABELL HUNTINGTON HOSPITAL 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701	X			X			X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR JOBS OUR CHILDREN OUR FUTURE DBA HUNTINGTON AREA DEVELOPMENT COUNCIL 916 FIFTH AVE HUNTINGTON,WV 25701	55-0714570	501(C)(3)	25,000				ECONOMIC DEVELOPMENT
EBENEZer MEDICAL OUTREACH CENTER1448 TENTH AVE HUNTINGTON,WV 25701	55-0745033	501(C)(3)		54,171	COST	PHARMACY SUPPLIES	COMMUNITY PHARMACY
CABELL COUNTY BOARD OF EDUCATION2850 FIFTH AVE HUNTINGTON,WV 25702	55-6000306		12,500				SCHOOL PLAYGROUND
MARSHALL UNIVERSITY ONE JOHN MARSHALL DRIVE HUNTINGTON,WV 25755	55-6000789		8,141,953				EDUCATIONAL SUPPORT FOR SCHOOL OF MEDICINE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Other Information	Part IV	SCHEDULE I, PART I, LINE 1 AND 2 THE ORGANIZATION RESPONDS TO REQUESTS FOR ASSISTANCE FROM LEGITIMATE ORGANIZATIONS IN THE COMMUNITY THAT ARE KNOWN TO THE FILING ORGANIZATION ELIGIBILITY IS BASED ON THE ORGANIZATIONS' MISSIONS (EDUCATION, HEALTHCARE, OR RELATED COMMUNITY BENEFITS), AND SELECTION IS BASED ON WHETHER THE FILING ORGANIZATION BELIEVES THE NEED FOR THE ASSISTANCE IS RESPONSIVE TO ITS MISSION THE ORGANIZATION DOES NOT CURRENTLY HAVE A FORMAL PROCESS ESTABLISHED TO MONITOR THE USE OF THE GRANT FUNDS, HOWEVER, THE ORGNIZATION PLANS TO IMPLEMENT THIS PROCESS BEFORE THE CLOSE OF FISCAL YEAR 2010

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Brent Marsteller	(i) (ii)	451,731	129,966	113,303	26,978	16,006	737,984	
D MONTE Ward	(i) (ii)	252,708	47,315	5,545	98,100	8,253	411,921	
Glen Washington	(i) (ii)	181,076			3,239	16,006	200,321	
Hoyt Burdick	(i) (ii)	273,530	30,771	534	48,788	16,006	369,629	
Paul Smith	(i) (ii)	171,696			61,852	16,006	249,554	
Rosemary Smith	(i) (ii)	166,129			67,479	1,267	234,875	
Barry Tourigny	(i) (ii)	164,414			6,263	1,267	171,944	
SANJAY SHAH	(i) (ii)	167,666			10,758	16,006	194,430	
MICKEY NEAL	(i) (ii)	409,268			10,520	16,006	435,794	
THOMAS POULTON	(i) (ii)	398,996			6,108	16,006	421,110	
MICHAEL VEGA	(i) (ii)	343,940			12,445	16,006	372,391	
ALFREDO RIVAS	(i) (ii)	342,603			12,445	16,006	371,054	
DAVID HINCHMAN	(i) (ii)	335,278			13,500	16,006	364,784	
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE ORGANIZATION PAID DUES TO GUYAN COUNTRY CLUB FOR THE MEMBERSHIP OF BRENT MARSTELLER
	Part I, Line 4a	BRENT MARSTELLER PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, HOWEVER, THE ORGANIZATION MADE NO CONTRIBUTIONS TO THIS PLAN DURING FISCAL YEAR 2009
	Part I, Line 6	THE ORGANIZATION PAID BONUSES DURING THE REPORTING PERIOD TO THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER THESE BONUSES ARE DEPEnDeNT ON THE HOSPITAL REACHING A NET INCOME TARGET THE BONUSES ARE BASED ON ACHIEVING CERTAIN GOALS FOR NET INCOME, EXPENSE CONTROL, QUALITY, AND PATIENT SATISFACTION THE BONUSES ARE INDEPENDeNTLY CALCULATED BY THE DIRECTOR OF FINANCE THE CHIEF EXECUTIVE OFFICER'S BONUS IS THEN APPROVED BY THE COMPENSATION COMMITTEE of the board of directors THE BONUSES OF THE CHIEF FINANCIAL OFFICER AND CHIEF MEDICAL OFFICER ARE APPROVED BY THE CHIEF EXECUTIVE OFFICER THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN (B) (II) REPRESENT THESE BONUSES
	Part I, Line 7	SEE EXPLANATION OF LINE 6 ABOVE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Bond Issues *(Required for 2008)*

	(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	
							Yes	No	Yes	No
A	WV HOSPITAL FINANCE AUTHORITY 2004 SERIES A	62-1256910	956622WA8	12-16-2004	14,095,000	RETIRE DEBT/CAPITAL IMPROVEMENTS		X		X
B	WV HOSPITAL FINANCE AUTHORITY 2008 SERIES A	62-1256910	956622YU2	10-16-2008	48,480,000	REFUND 2004 SERIES A AND B		X		X
C	WV HOSPITAL FINANCE AUTHORITY 2008 SERIES B	62-1256910	956622YV0	10-16-2008	48,475,000	REFUND 2004 SERIES A AND B		X		X
D	WV HOSPITAL FINANCE AUTHORITY 2009 SERIES A	62-1256910		01-27-2009	14,415,000	REFINANCE TAXABLE DEBT		X		X
E	CITY OF HUNTINGTON WEST VIRGINIA SERIES 2008	55-6000187		12-30-2008	9,685,000	REFINANCE TAXABLE DEBT		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Bond Issues *(Required for 2008)*

	(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	
							Yes	No	Yes	No
A	THE COUNTY COMMISSION OF CABELL CNTY SERIES 2009	55-6000305		02-12-2009	6,500,000	REFINANCE DEBT/CAP IMPROVEMENTS		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
PETER CHIRICO	A BOARD MEMBER OF THE ORGANIZATION	435,351	PETER CHIRICO IS AN OWNER OF RADIOLOGY, INC WHICH PROVIDES PROFESSIONAL SERVICES TO THE ORGANIZATION		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	DURING FISCAL YEAR 2009, THE ORGANIZATION CONTRIBUTED CASH OF APPROXIMATELY $8,709,000 TO FMS DIALYSIS CABELL HUNTINGTON DIALYSIS CENTERs, LLC ("DIALYSIS CENTERS") IN EXCHANGE FOR A 45% MEMBERSHIP INTEREST DIALYSIS CENTERS THEN PURCHASED THE ORGANIZATION'S HEMODIALYSIS OPERATIONS AND RELATED EQUIPMENT IN A PURCHASE TRANSACTION TOTALING $16,923,000 THE ORGANIZATION RECORDED A GAIN ON THE SALE OF ITS HEMODIALYSIS OPERATIONS AND RELATED EQUIPMENT TOTALING APPROXIMATELY $9,200,000 THE ORGANIZATION ALSO RECORDED A DEFERRED GAIN OF APPROXIMATELY $7,500,000 IN CONNECTION WITH THE PURCHASE TRANSACTION ($7,134,000 AS OF SEPTEMEBER 30, 2009), WHICH WILL BE AMORTIZED TO INCOME RATABLY OVER THE NEXT 10 YEARS AT SEPTEMEBER 30, 2009, THE ORGANIZATION'S INTEREST IN THE DIALYSIS CENTERS APPROXIMATES $9,900,000

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		PAUL SMITH, OFFICER, AND ROSEMARY SMITH, OFFICER, ARE MARRIED TIM KINSEY, BOARD MEMBER, AND CHRISTIE KINSEY, BOARD MEMBER, ARE MARRIED CHRISTIE KINSEY SERVED ON THE BOARD UNTIL 12/31/2008, AND TIM KINSEY JOINED THE BOARD ON 1/1/2009

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE COMPLETED FORM 990 WILL BE REVIEWED BY THE CHIEF EXECUTIVE OFFICER, INTERNAL GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, AND OUTSIDE LEGAL COUNSEL PRIOR TO FILING THE COMPLETED FORM WILL ALSO BE PROVIDED TO ALL BOARD MEMBERS ELECTRONICALLY PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		IN THE FALL OF EACH YEAR, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE SENT AN ANNUAL QUESTIONNAIRE ADDRESSING THE CONFLICT OF INTEREST POLICY EACH COMPLETED QUESTIONNAIRE IS REVIEWED BY THE VICE PRESIDENT OVER THE RESPECTIVE INDIVIDUAL'S DEPARTMENT AND GENERAL COUNSEL TO DETERMINE IF A CONFLICT EXISTS IF A CONFLICT DOES EXIST, AN IN-DEPTH ANALYSIS IS PERFORMED TO DETERMINE ANY IMPACT TO THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Board of Directors of THE ORGANIZATION has adopted a written executive compensation policy setting forth the Board philosophy with respect to the compensation of its officers A Compensation Committee comprised of Board members has been delegated the responsibility for establishing compensation of the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, and Chief Medical Officer of the organization In keeping with the philosophy established by the Board, the Compensation Committee has engaged the outside consulting firm of Yaffe & Associates, a firm which specializes in analyzing non-profit executive compensation The outside consulting firm periodically provides the Committee with relevant data concerning the compensation levels of executives of hospitals similar in size to THE ORGANIZATION and in comparable geographic areas The Compensation Committee considers this data together with the extent to which pre-established goals have been accomplished and the financial performance of the Hospital and establishes the compensation level for the Chief Executive Officer This information, as well as the recommendation of the Chief Executive Officer, is considered by the Compensation Committee in establishing the compensation of the Chief Operating Officer, Chief Financial Officer, and Chief Medical Officer

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12 AND FORM 990, PART XI, LINE 2B		THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS

Identifier	Return Reference	Explanation
Schedule K Supplental Information		PART I, COLUMN (F) A - THE WV HOSPITAL FINANCE AUTHORITY 2004 SERIES A BONDS WERE USED TO REFUND PRIOR TAX-EXEMPT BOND ISSUES (WV HOSPITAL FINANCE AUTHORITY 1994 SERIES A BONDS AND WV HOSPITAL FINANCE AUTHORITY 2002 SERIES A-1) , WHICH WERE ISSUED ON DECEMBER 31, 1994 AND MAY 1, 2002, RESPECTIVELY, AND TO FINANCE CAPITAL IMPROVEMENTS B - THE WV HOSPITAL FINANCE AUTHORITY 2008 SERIES A BONDS WERE USED TO REFUND PRIOR TAX-EXEMPT BOND ISSUES (WV HOSPITAL FINANCE AUTHORITY 2004 SERIES B AND C BONDS), WHICH WERE ISSUED ON DECEMBER 31, 2004 C - THE WV HOSPITAL FINANCE AUTHORITY 2008 SERIES B BONDS WERE USED TO REFUND PRIOR TAX-EXEMPT BOND ISSUES (WV HOSPITAL FINANCE AUTHORITY 2004 SERIES B AND C BONDS), WHICH WERE ISSUED ON DECEMBER 31, 2004 D - THE WV HOSPITAL FINANCE AUTHORITY REVENUE BONDS 2009 SERIES A WERE USED TO REFINANCE TAXABLE DEBT E - THE CITY OF HUNTINGTON, WEST VIRIGINA REVENUE BONDS 2008 SERIES WERE USED TO REFINANCE TAXABLE DEBT A - THE COUNTY COMMISSION OF CABELL COUNTY REVENUE BONDS 2009 SERIES WERE USED TO REFINANCE TAXABLE DEBT AND FINANCE CAPITAL IMPROVEMENTS

Identifier	Return Reference	Explanation
SCHEDULE R, PART IV, COLUMN (B)		MOUNTAIN REGIONAL SERVICES, INC OWNS REAL ESTATE NEAR CABELL HUNTINGTON HOSPITAL, INC AND IS THE MINORITY OWNER OF CHH-CABELL, INC AND CHH-CABELL DEVELOPMENT, INC

Identifier	Return Reference	Explanation
FORM 990, PART X, COLUMN (A)		THE BEGINNING OF YEAR BALANCE SHEET WAS CHANGED TO APPROPRIATELY CLASSIFY CATEGORIES OF ASSETS AND LIABILITIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations

(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
CABELL HUNTINGTON HOSPITAL FOUNDATION INC PO BOX 1427 HUNTINGTON, WV25716 31-1096222	PERFORMS FUNDRAISING FOR CABELL HUNTINGTON HOSPITAL, INC	WV	501(C)(3)	LINE 7	N/A
CABELL HUNTINGTON HOSPITAL AUXILIARY INC 1340 HAL GREER Boulevard HUNTINGTON, WV25701 55-6014510	PERFORMS FUNDRAISING FOR CABELL HUNTINGTON HOSPITAL, INC	WV	501(C)(3)	LINE 11	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
TRI-STATE MRI PO BOX 3108 HUNTINGTON, WV25702 55-0669726	OPERATES A FREE-STANDING MRI CENTER	WV	N/A	RELATED	372,003	1,460,249		No		Yes	
OCCUMED LLC 1340 HAL GREER Boulevard HUNTINGTON, WV25701 43-2093064	OPERATES AN OCCUPATIONAL MEDICAL TESTING CENTER AND AN URGENT CARE CENTER	WV	N/A	RELATED	-87,334	593,012		No			No
HUNTINGTON SURGERY CENTER LP 1201 HAL GREER Boulevard HUNTINGTON, WV25701 55-0647724	OPERATES AN AMBULATORY SURGERY CENTER - OUTPATIENT SURGERIES	WV	N/A	RELATED	-544	2,569		No			No
FMS CABELL HUNTINGTON DIALYSIS CENTERS LLC 920 WINTER STREET WALTHAM, MA02451 26-3674617	OPERATES A FREE-STANDING OUTPATIENT DIALYSIS CENTER	WV	N/A	RELATED				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
CHH-CABELL INC 1201 HAL GREER Boulevard HUNTINGTON, WV25701 62-1223702	OPERATES HUNTINGTON SURGERY CENTER, LP	WV	N/A	C	65,724	635,946	51 000 %
CHH-CABELL DEVELOPMENT CORPORATION 1201 HAL GREER Boulevard HUNTINGTON, WV25701 62-1184183	OPERATES HUNTINGTON SURGERY PROPERTIES, LP	WV	N/A	C	66,625	638,901	51 000 %
MOUNTAIN REGIONAL SERVICES INC PO BOX 636 HUNTINGTON, WV25711 55-0655843	SEE SCHEDULE O	WV	N/A	C	47,191	543,481	100 000 %
MOUNTAIN HEALTH NETWORK INC PO BOX 636 HUNTINGTON, WV25711 55-0675666	OWNS REAL ESTATE NEAR CABELL HUNTINGTON HOSPITAL, INC	WV	N/A	C			100 000 %

Part V Transactions with Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	CABELL HUNTINGTON HOSPITAL FOUNDATION INC	C	72,640
(2)	CABELL HUNTINGTON HOSPITAL FOUNDATION INC	K	322,090
(3)	HUNTINGTON SURGERY CENTER LP	K	223,861
(4)	HUNTINGTON SURGERY CENTER LP	P	158,065
(5)	CABELL HUNTINGTON HOSPITAL AUXILIARY INC	P	6,622
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 55-0675666
Name: CABELL HUNTINGTON HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Brent Marsteller	(I) (II)	451,731	129,966	113,303	26,978	16,006	737,984	
D MONTE Ward	(I) (II)	252,708	47,315	5,545	98,100	8,253	411,921	
Glen Washington	(I) (II)	181,076			3,239	16,006	200,321	
Hoyt Burdick	(I) (II)	273,530	30,771	534	48,788	16,006	369,629	
Paul Smith	(I) (II)	171,696			61,852	16,006	249,554	
Rosemary Smith	(I) (II)	166,129			67,479	1,267	234,875	
Barry Tourigny	(I) (II)	164,414			6,263	1,267	171,944	
SANJAY SHAH	(I) (II)	167,666			10,758	16,006	194,430	
MICKEY NEAL	(I) (II)	409,268			10,520	16,006	435,794	
THOMAS POULTON	(I) (II)	398,996			6,108	16,006	421,110	
MICHAEL VEGA	(I) (II)	343,940			12,445	16,006	372,391	
ALFREDO RIVAS	(I) (II)	342,603			12,445	16,006	371,054	
DAVID HINCHMAN	(I) (II)	335,278			13,500	16,006	364,784	