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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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

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) 526-2571

G Gross receipts $ 566,524,115

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CABELLHUNTINGTON ORG

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

L Year of formation 1986

M State of legal domicile WV

Part I Summary

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 net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	2,568
6	Total number of volunteers (estimate if necessary)	**6**	259
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	445,866
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	67,264

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	946,920	1,505,672
9	Program service revenue (Part VIII, line 2g)	429,954,364	457,979,595
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,433,205	12,361,521
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,816,573	3,264,013
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,151,062	475,110,801
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,664,111	9,561,379
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	176,432,003	195,868,851
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	223,394,258	245,399,031
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	412,490,372	450,829,261
19	Revenue less expenses Subtract line 18 from line 12	25,660,690	24,281,540

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	464,014,132	482,327,119
21	Total liabilities (Part X, line 26)	374,805,989	318,184,851
22	Net assets or fund balances Subtract line 21 from line 20	89,208,143	164,142,268

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

****** | 2014-08-11
Signature of officer | Date

DAVID M WARD SENIOR VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SUSAN S DULL				P00233523

Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981

Firm's address ▶ PO BOX 1747
CHARLESTON, WV 253261747 | Phone no (304) 343-0168

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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

4a (Code) (Expenses $ 347,120,115 including grants of $) (Revenue $ 459,135,229)

IT IS THE MISSION OF CABELL HUNTINGTON HOSPITAL TO PROMOTE HEALTH IN THE REGION THROUGH DEVELOPMENT AND DELIVERY OF A FULL SPECTRUM OF SERVICES THAT IMPROVE THE PHYSICAL, MENTAL AND SPIRITUAL DIMENSIONS OF LIVES OF THOSE SERVED THEREFORE, THE PRIMARY PROGRAM SERVICE ACCOMPLISHMENT IS THE INPATIENT AND OUTPATIENT SERVICES PERFORMED CABELL HUNTINGTON HOSPITAL IS LICENSED FOR 313 BEDS AND STAFFED 2,568 INDIVIDUALS DURING FISCAL YEAR 2013 IN ADDITION TO ITS ADULT AND PEDIATRIC UNITS, IT OPERATES A COMPREHENSIVE CANCER CENTER, 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 VERY SOON CABELL HUNTINGTON HOSPITAL WILL HAVE A FULL CHILDREN'S HOSPITAL UNIT THE HOSPITAL IS GOVERNED BY A VOLUNTARY BOARD OF INDEPENDENT CITIZENS OF THE COMMUNITY DURING FISCAL YEAR 2013, THE HOSPITAL PROVIDED SERVICES TO 19,445 INPATIENTS, WHICH RESULTED IN PROVIDING 92,462 DAYS OF CARE THE ORGANIZATION ALSO PROVIDED CARE TO 520,461 OUTPATIENTS THIS INCLUDED 61,641 PATIENT VISITS TO THE EMERGENCY ROOM, WHICH IS OPERATED 24 HOURS AND IS OPEN TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IT ALSO PROVIDED AN ADDITIONAL 17,546 OUTPATIENT SURGICAL PROCEDURES AND 19,622 HOME HEALTH VISITS

4b (Code) (Expenses $ 47,912,756 including grants of $ 127,883) (Revenue $)

CABELL HUNTINGTON HOSPITAL IS VERY INVOLVED WITH THE COMMUNITY IT SERVES DURING THE FISCAL YEAR 2013, IT HELD OVER 200 EVENTS INCLUDING HEALTH SCREENINGS, EDUCATION OUTREACH, HEALTH FAIRS, AND COMMUNITY TRAINING MORE THAN 8,000 PEOPLE ATTENDED THESE EVENTS THE COSTS ASSOCIATED WITH THESE ACTIVITIES IS $136,445 THE ORGANIZATION ALSO GIVES TO THE COMMUNITY BY PARTICIPATING IN HUNTINGTON'S KITCHEN PROGRAM THAT PROMOTES HEALTHY EATING LIFE STYLES IT ALSO PROMOTES KIDS HEALTHY EXERCISE BY PARTNERING WITH THE HUNTINGTON MALL TO PROVIDE A HEALTHY KIDS PLAYGROUND ADDITIONALLY, THE ORGANIZATION PROVIDES ACUTE INPATIENT AND OUTPATIENT CARE INCLUDING SERVICES THAT ARE REIMBURSED FOR AND NOTED AS CHARITY CARE ANY PERSON IS PROVIDED SERVICES REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL'S CHARITY CARE SERVICES WERE $30,877,840 (WHICH IS NETTED AGAINST REVENUES) AND BAD DEBT EXPENSE WAS $47,648,427 THE HOSPITAL CONSIDERS ALL OF THIS A COMMUNITY SERVICE

4c (Code) (Expenses $ 17,157,857 including grants of $ 9,433,496) (Revenue $)

CABELL HUNTINGTON HOSPITAL IS A TEACHING HOSPITAL THAT IS ASSOCIATED WITH MARSHALL UNIVERSITY SCHOOLS OF MEDICINE AND NURSING WITH THAT, THE HOSPITAL IS LEADING THE WAY IN THE COMMUNITY HEALTH CARE AND WITH THAT COMES THE RESPONSIBILITY OF TRAINING OTHERS TO CONTINUE THE TRADITION OF EXCELLENCE THE HOSPITAL RESIDENTS AND INTERNS GET THE OPPORTUNITY TO TRAIN WITH SOME OF THE MOST HIGHLY QUALIFIED MEDICAL SPECIALISTS IN THE AREA, SHARING INSIGHT INTO THE LATEST CONCEPTS IN MEDICAL EDUCATION AND PATIENT CARE DURING THE FISCAL YEAR 2013, 122 FELLOWS AND RESIDENTS ROTATED THROUGH THE HOSPITAL

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 412,190,728

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	84		
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	2,568		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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 line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6**	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ DAVID M WARD SENIOR VPCFO 1340 HAL GREER BOULEVARD HUNTINGTON, WV (304) 526-2000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,367,134	0	1,090,200

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶153

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY PHYSICIANS & SURGEONS INC 1600 MEDICAL CENTER DRIVE HUNTINGTON WV 25701	MEDICAL SERVICES	23,355,589
BAILES CRAIG & YON 401 10TH STREET HUNTINGTON WV 25701	LEGAL FEES	1,138,681
RADIOLOGY INC PO BOX 910 HUNTINGTON WV 25712	RADIOLOGY SERVICES	621,561
TRI-STATE REHABILITATION 224 BUCKSAW JUNCTION GRAYSON KY 41143	MEDICAL SERVICES	533,724
ERNST & YOUNG LLP PO BOX 640382 PITTSBURGH PA 15264	AUDIT & FINANCIAL	342,784
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶18		

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	1,505,672			
	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		1,505,672			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621990	448,779,120	448,779,120		
	b	LABORATORY INCOME	621500	10,568,633	10,138,561	430,072	
	c	AEROMED INCOME	621990	-1,368,158	-1,368,158		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		457,979,595			
	3	Investment income (including dividends, interest, and other similar amounts)		3,331,344		15,794	3,315,550
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	756,565				
	b	Less rental expenses	470,052				
	c	Rental income or (loss)	286,513				
	d	Net rental income or (loss)		286,513	286,513		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	99,210,578 / 762,861				
	b	Less cost or other basis and sales expenses	90,943,262 / 0				
	c	Gain or (loss)	8,267,316 / 762,861				
	d	Net gain or (loss)		9,030,177			9,030,177
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	CAFETERIA	624200	1,678,307			1,678,307
	b	OUTSIDE SERVICES	621990	1,294,346	1,294,346		
	c						
	d	All other revenue		4,847	4,847		
	e	**Total.** Add lines 11a–11d		2,977,500			
	12	**Total revenue.** See Instructions		475,110,801	459,135,229	445,866	14,024,034

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,561,379	9,561,379		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,544,818	402,611	3,142,207	
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	133,483,690	120,135,321	13,348,369	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,273,618	18,246,257	2,027,361	
9 Other employee benefits	28,841,664	25,957,498	2,884,166	
10 Payroll taxes	9,725,061	8,752,555	972,506	
11 Fees for services (non-employees)				
a Management				
b Legal	1,177,782		1,177,782	
c Accounting	118,884		118,884	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	513,153		513,153	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,844,097	46,659,688	5,184,409	
12 Advertising and promotion	3,612,291	3,612,291		
13 Office expenses	3,974,787	3,577,308	397,479	
14 Information technology	2,512,347	2,261,112	251,235	
15 Royalties . .				
16 Occupancy	19,176,268	14,382,201	4,794,067	
17 Travel	432,140	377,576	54,564	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,697,899	4,273,424	1,424,475	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,342,195	14,707,976	1,634,219	
23 Insurance	7,136,574	6,422,917	713,657	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	63,290,750	63,290,750		
b BAD DEBT	47,648,428	47,648,428		
c PROVIDER TAX	10,458,044	10,458,044		
d UNRELATED BUSINESS INCO	26,232	26,232		
e All other expenses	11,437,160	11,437,160		
25 **Total functional expenses.** Add lines 1 through 24e	450,829,261	412,190,728	38,638,533	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,528	1	4,377
	2	Savings and temporary cash investments		81,287,640	2	71,282,454
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		61,640,514	4	67,243,592
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,527,924	7	3,700,444
	8	Inventories for sale or use		4,773,460	8	6,030,701
	9	Prepaid expenses and deferred charges		1,517,684	9	1,706,453
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 401,176,424			
	b	Less accumulated depreciation	10b 219,590,362	178,950,878	10c	181,586,062
	11	Investments—publicly traded securities		92,190,443	11	123,706,828
	12	Investments—other securities See Part IV, line 11		9,948,244	12	9,013,890
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,760,000	14	3,631,000
	15	Other assets See Part IV, line 11		25,412,817	15	14,421,318
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		464,014,132	16	482,327,119
Liabilities	17	Accounts payable and accrued expenses		66,354,159	17	45,481,439
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		120,531,269	20	116,934,869
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		8,868,522	23	2,676,346
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		179,052,039	25	153,092,197
	26	**Total liabilities.** Add lines 17 through 25		374,805,989	26	318,184,851
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		69,977,781	27	164,142,268
	28	Temporarily restricted net assets		19,230,362	28	0
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		89,208,143	33	164,142,268
	34	Total liabilities and net assets/fund balances		464,014,132	34	482,327,119

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	475,110,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	450,829,261
3	Revenue less expenses Subtract line 2 from line 1	3	24,281,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,208,143
5	Net unrealized gains (losses) on investments	5	966,115
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	49,686,470
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	164,142,268

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID PORTER MD CHAIRMAN	2 00	X		X				0	0	0
CAROLYN J BAGBY VICE-CHAIRMAN	2 00	X		X				0	0	0
STEVEN L BURTON SECRETARY	2 00	X		X				0	0	0
FLOYD E HARLOW JR TREASURER	2 00	X		X				0	0	0
PETER CHIRICO MD BOARD MEMBER	2 00	X						0	0	0
MARIAN COX BOARD MEMBER	2 00	X						0	0	0
TIM KINSEY BOARD MEMBER	2 00	X						0	0	0
TIM MILLNE BOARD MEMBER	2 00	X						0	0	0
REV SAMUEL R MOORE BOARD MEMBER	2 00	X						0	0	0
DAVID FOX III BOARD MEMBER	2 00	X						0	0	0
GERALD OAKLEY MD BOARD MEMBER	2 00	X						0	0	0
LARRY DIAL MD BOARD MEMBER	2 00	X						0	0	0
ROSS PATTON MD - THRU 123112 BOARD MEMBER	2 00	X						0	0	0
CLARA ROSE SADLER BOARD MEMBER	2 00	X						0	0	0
BETH HAMMERS BOARD MEMBER	2 00	X						0	0	0
VICKIE SMITH BOARD MEMBER	2 00	X						0	0	0
JOE WERTHAMMER MD BOARD MEMBER	2 00	X						0	0	0
GARY WHITE BOARD MEMBER	2 00	X						0	0	0
BRENT MARSTELLER PRESIDENT & CEO	45 00			X				885,334	0	102,853
DAVID M WARD SR VP & CFO	45 00			X				373,968	0	142,534
GLEN WASHINGTON SR VP & COO	45 00			X				326,351	0	59,502
HOYT BURDICK SR VP & MEDICAL AFFAIRS	45 00			X				353,407	0	88,882
PAUL SMITH VP GENERAL COUNSEL	45 00			X				230,797	0	113,229
ROSEMARY SMITH VP NURSING SERVICES	45 00			X				218,352	0	119,565
BARRY TOURIGNY VP HUMAN RESOURCES	45 00			X				247,758	0	41,788

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
W MARK TWILLA - THRU 103012 VP ANCILLARY SERVICES	45 00			X				176,454	0	24,212
DAVID GRALEY VP & COO FOUNDATION	45 00			X				238,428	0	56,076
DENNIS LEE VP CIO	45 00			X				172,220	0	23,411
LISA CHAMBERLIN VP MARKETING SERVICES	45 00			X				105,262	0	14,278
TIM MARTIN VP ANCILLARY & SUPPORT	45 00			X				94,561	0	21,089
MICHAEL VEGA MD ANESTHESIOLOGIST	45 00					X		373,415	0	59,168
ALFREDO RIVAS MD ANESTHESIOLOGIST	45 00					X		375,989	0	62,168
AHMET OZTURK MD ANESTHESIOLOGIST/PAIN MEDICINE	45 00					X		493,137	0	30,860
DON GROSS MD ANESTHESIOLOGIST	45 00					X		350,413	0	44,917
HOSNY GABRIEL MD ANESTHESIOLOGIST	45 00					X		351,288	0	85,668

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		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 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 supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CABELL HUNTINGTON HOSPITAL INC	55-0675666

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,360
j	Total Add lines 1c through 1i			7,360
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE ORGANIZATION IS A MEMBER OF THE WEST VIRGINIA HOSPITAL ASSOCIATION (WVHA) AND THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (NACH), BOTH OF WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBERS A PORTION OF THE DUES PAID TO WVHA AND NACH HAVE BEEN ALLOCATED TO LOBBYING ACTIVITIES, WHICH AMOUNTED TO $5,175 AND $2,185 RESPECTIVELY THESE ASSOCIATIONS PROVIDE BOTH ADVOCACY AND REPRESENTATION FOR ITS MEMBERS SPECIFIC INFORMATION REGARDING THE ADVOCACY AGENDAS OF THESE TWO ASSOCIATIONS CAN BE VIEWED AT THEIR RESPECTIVE WEBSITES, WWW CHILDRENSHOSPITALS NET AND WWW WVHA ORG

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,415,591		6,415,591
b Buildings		192,177,069	44,325,114	147,851,955
c Leasehold improvements				
d Equipment		182,357,801	174,104,855	8,252,946
e Other		20,225,963	1,160,393	19,065,570
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				181,586,062

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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) must 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) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PROFESSIONAL LIABILITY	12,851,842
ACCRUED POST RETIREMENT BENEFITS COST	121,814,346
DEFERRED GAIN	4,162,208
ESTIMATED THIRD PARTY SETTLEMENTS	1,998,698
DERIVATIVE FINANCIAL INSTRUMENT	12,265,103
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	153,092,197

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

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

1	Total revenue, gains, and other support per audited financial statements			1	477,762,388
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	966,115		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,215,419		
e	Add lines **2a** through **2d**			2e	2,181,534
3	Subtract line **2e** from line **1**			3	475,580,854
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-470,052		
c	Add lines **4a** and **4b**			4c	-470,052
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	475,110,802

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

1	Total expenses and losses per audited financial statements			1	403,148,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	470,052		
e	Add lines **2a** through **2d**			2e	470,052
3	Subtract line **2e** from line **1**			3	402,678,410
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	48,150,852		
c	Add lines **4a** and **4b**			4c	48,150,852
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	450,829,262

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2013 AND 2012 THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES
PART XI, LINE 2D - OTHER ADJUSTMENTS		DECREASE IN PENSION LIABILITY INCLUDED IN REVENUE ON AFS 42,651,680 INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS -513,153 BAD DEBTS NETTED WITH REVENUE ON AFS -47,648,428 RENTAL INCOME RECLASSED TO RENTAL EXPENSES ON FORM 990 10,729 CHANGE IN EFFECTIVE INTEREST RATE SWAP NETTED WITH REVENUE ON AFS 6,944,213 EQUITY IN CHH-CABELL & SURGERY CENTER NETTED WITH REVENUE ON AFS -229,622
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 -470,052
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 470,052
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS 513,153 BAD DEBTS NETTED WITH REVENUE ON AFS 47,648,428 RENTAL INCOME RECLASSED TO RENTAL EXPENSES ON FORM 990 -10,729

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			21,324,130	0	21,324,130	5 290 %
b Medicaid (from Worksheet 3, column a)			107,354,906	81,982,389	25,372,517	6 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			128,679,036	81,982,389	46,696,647	11 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			136,445	0	136,445	0 030 %
f Health professions education (from Worksheet 5)			15,213,461	2,786,612	12,426,849	3 080 %
g Subsidized health services (from Worksheet 6)			2,316,859	1,432,002	884,857	0 220 %
h Research (from Worksheet 7)			407,175	37,917	369,258	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			18,073,940	4,256,531	13,817,409	3 420 %
k **Total.** Add lines 7d and 7j			146,752,976	86,238,920	60,514,056	15 000 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			18,750	0	18,750	0 %
3 Community support			27,500	0	27,500	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			237,831	0	237,831	0 060 %
8 Workforce development						
9 Other			83,030	0	83,030	0 020 %
10 **Total**			367,111		367,111	0 090 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 16,767,482			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 3,353,496			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	100,961,509
6	Enter Medicare allowable costs of care relating to payments on line 5	6	112,036,062
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-11,074,553
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 OCCUMED LLC	OCCUPATIONAL HEALTH AND URGENT CARE CENTER	68 460 %		31 540 %
2	3 HUNTINGTON SURGERY PROPERTIES LP	OWNS REAL ESTATE AND LEASES TO HUNTINGTON SURGERY CENTER	43 000 %		57 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CABELL HUNTINGTON HOSPITAL INC

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year?
10

	Name and address	Type of Facility (describe)
1	CABELL HUNTINGTON PAIN MANAGEMENT CENTER 1634 13TH AVENUE HUNTINGTON, WV 25701	PAIN MANAGEMENT CLINIC
2	CABELL BREAST HEALTH CENTER 1400 HAL GREER BLVD HUNTINGTON, WV 25701	DIAGNOSTIC CENTER
3	WOMEN'S HEALTH 1660 TWELFTH AVENUE HUNTINGTON, WV 25701	OB GYN OUTPATIENT CLINIC
4	WOMEN'S & FAMILY MEDICAL CENTER 1115 20TH STREET HUNTINGTON, WV 25701	FAMILY OUTPATIENT CLINIC
5	COOK EYE CENTER 1300 THIRD AVENUE HUNTINGTON, WV 25701	OUTPATIENT CATARACT CLINIC
6	FAMILY MEDICAL CENTER KENOVA 750 OAK STREET KENOVA, WV 25430	FAMILY OUTPATIENT CLINIC
7	CENTER FOR SURGICAL WEIGHT CONTROL 1115 20TH STREET HUNTINGTON, WV 25701	BARIATRIC CENTER
8	FAMILY MEDICAL CENTER MERRITTS CREEK 100 MEADOW POINTE BARBOURSVILLE, WV 25504	FAMILY OUTPATIENT CLINIC
9	CABELL PEDIATRICS 1115 20TH STREET HUNTINGTON, WV 25701	PEDIATRIC CLINIC
10	CABELL HUNTINGTON BALANCE CENTER 1616 13TH AVENUE HUNTINGTON, WV 25701	BALANCE DISORDER CENTER

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

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

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

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

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

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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST-TO-CHARGE RATIO WAS CALCULATED USING THE IRS WORKSHEET 2 TO CALCULATE THE PERCENTAGE OF COST THE TOTAL OPERATING EXPENSES WERE TAKEN AND ADJUSTED FOR NON-PATIENT ACTIVITIES INCLUDING MEDICAID TAXES
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 47648428

Identifier	ReturnReference	Explanation
		PART II THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED IN PART II, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES DURING FY 2013, THE HOSPITAL COMMUNITY BUILDING ACTIVITIES REACHED OUT TO OVER 42,000 INDIVIDUALS WITHIN THE COMMUNITIES SERVED FUTURE ACTIVITIES ARE DETERMINED BASED UPON THE COMMUNITY NEEDS ASSESSMENT,REQUESTS FROM PUBLIC AGENCIES OR COMMUNITY GROUPS, AND OTHER FACTORS THE HOSPITAL ALSO WELCOMES INPUT FROM THE COMMUNITIES AS TO WHICH EVENTS IT SHOULD PURSUE THE HOSPITAL SEEKS TO PROVIDE OR FUND ACTIVITES WITH THE FOLLOWING OBJECTIVES IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, RELIEVING GOVERNMENT BURDEN, MAKING HEALTHCARE AVAILABLE TO THE PUBLIC AND SERVING LOW-INCOME CONSUMERS, ADDRESSING FEDERAL, STATE OR LOCAL PUBLIC HEALTH PRIORITIES, AND LEVERAGING OR ENHANCING PUBLIC HEALTH DEPARTMENT ACTIVITIES SOME OF THE SPECIFIC COMMUNITY BUILDING ACTIVITIES FUNDED BY THE ORGANIZATION INCLUDE HUNTINGTON AREA DEVELOPMENT COUNCIL WHICH PROMOTES NEW BUSINESS IN THE COMMUNITY THE ORGANIZATION BELIEVES THE NEW BUSINESSES WILL EMPLOYEE THE PEOPLE IN THE COMMUNITY AND WILL PROVIDE BETTER HEALTHCARE BENEFITS,YOUNG LIFE AND EDUCATION CONTRIBUTIONS TO PROMOTE HIGHER EDUCATION AND HEALTHIER WELL-BEING,PAUL AMBROSE WALKING TRAIL TO PROMOTE EXERCISE AND HEALTHY LIFESTYLES,EBENEZER MEDICAL OUTREACH PROGRAM TO ASSIST THOSE WHO CANNOT AFFORD NEEDED MEDICATIONS AND TO CONTINUE HOUSING A FREE CLINIC TO SERVE THE COMMUNITY,HUNTINGTON'S KITCHEN TO PROMOTE HEALTHY EATING HABITS, ANDCHILDREN'S PLAY PLACE TO PROVIDE A SAFE ENVIRONMENT FOR CHILDREN IN THE COMMUNITY TO EXERCISE
		PART III, LINE 4 FINANCIAL STATEMENT FOOTNOTE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATION TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE ORGANIZATION HAS DEMONSTRATED SUCCESSFUL RESULTS IN COLLECTING RECEIVEABLES FOR PATIENTS WHO HAVE AGREED TO A PAYMENT PLAN, THESE AMOUNTS WILL REMAIN IN PATIENT ACCOUNTS RECEIVABLE AT THEIR ESTIMATED NET REALIZABLE AMOUNTS AND WILL BE EVALUATED AS PART OF MANAGEMENT'S ASSESSMENT OF THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE AMOUNTS METHODOLOGY THE COSTING METHOD USED FOR LINE TWO IS THE METHOD SUGGESTED IN THE INSTRUCTIONS FOR WORKSHEET 1, FINANCIAL ASSISTANCE AT COST IN THE INTERNAL REVENUE INSTRUCTIONS FOR FORM 990 SCHEDULE H THIS METHOD CALCULATES A COST RATIO BY USING TOTAL OPERATING EXPENSES LESS BAD DEBT AND OTHER EXPENSE ADJUSTMENTS DIVIDED BY GROSS PATIENT REVENUES THE RATIO IS THEN APPLIED TO BAD DEBT EXPENSE TO GET THE ESTIMATED COST LINE THREE IS A PERCENTAGE DERIVED BY AN ESTIMATED NUMBER OF PATIENTS WHO START THE FINANCIAL ASSISTANCE PROGRAM AND DO NOT COMPLETE THE PROCESS THERE ARE A NUMBER OF PATIENTS THAT DO NOT APPLY FOR FINANCIAL ASSISTANCE AND ARE DEFINITELY UNABLE TO PAY FOR THEIR OUT OF POCKET MEDICAL EXPENSES IF THESE PATIENTS WENT THROUGH THE FINANCIAL ASSISTANCE PROCESS, THEY WOULD QUALIFY THESE PATIENTS STILL NEED TO BE TREATED AND THIS IS WHY THE ORGANIZATION BELIEVES THIS SHOULD BE TREATED AS A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
		PART III, LINE 8 BECAUSE THE HOSPITAL IS A COMMUNITY BASED TEACHING HOSPITAL AND SERVING THE COMMUNITY WITHOUT REGARD TO ABILITY TO PAY, THIS AMOUNT SHOULD BE CONSIDERED A COMMUNITY BENEFIT THE EXPENSES ALLOCATED TO THE MEDICARE REVENUE ARE DERIVED FROM THE MEDICARE COST REPORT AND ARE ALLOCATED TO CARRIER BY GROSS CHARGE RATIO AFTER THEY ARE ADJUSTED FOR COSTS INCLUDED IN LINES 7F AND 7G
		PART III, LINE 9B THE HOSPITAL HAS INFORMATION ABOUT ITS CHARITY CARE POLICY AND APPLICATIONS AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AS WELL AS ITS OFFSITE LOCATIONS THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS WHO VISIT INPATIENTS IN ELIGIBLE FINANCIAL CLASSES TO PROVIDE INFORMATION ABOUT CHARITY CARE AS WELL AS RESPOND TO INQUIRIES FROM OUTPATIENTS REGARDING CHARITY CARE AND PROVIDE ASSISTANCE WITH THE CHARITY CARE APPLICATION PROCESS PATIENTS CAN COMMUNICATE WITH FINANCIAL COUNSELORS IN PERSON OR BY TELEPHONE, MAIL OR FAX IN ORDER TO LEARN MORE ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND OBTAIN INFORMATION REGARDING THEIR ELIGIBILITY FOR CHARITY CARE THE HOSPITAL ALSO CONTRACTS WITH MEDICAID ELIGIBILITY SPECIALISTS TO ASSIST THOSE PATIENTS WHO QUALIFY FOR MEDICAID INFORMATION ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND PROCESS IS POSTED ON THE HOSPITAL'S WEBSITE IT IS THE RESPONSIBILITY OF THE PATIENT TO MAKE SURE ALL OF THE DOCUMENTATION TO QUALIFY FOR ASSISTANCE IS FILED WITH THE HOSPITAL AND ANY GOVENMENT ASSISTANCE PROGRAMS IF THEY FAIL TO DO SO, THE PATIENT IS BILLED, AND IN MOST CASES, THEY WILL CALL THE BILLING DEPARTMENT THE BILLING DEPARTMENT WILL REFER THEM BACK TO A FINANCIAL COUNSELOR TO FINISH THE NECESSARY FILINGS BILLING WILL BE NOTIFIED IF THE ACCOUNT IS TO BE DISCOUNTED AND/OR SET UP ON A PAYMENT SCHEDULE IF THE PATIENT FAILS TO FOLLOW THROUGH AT THIS TIME, LASTLY, THE ACCOUNT IS SENT TO THE COLLECTION AGENCY

Identifier	ReturnReference	Explanation
CABELL HUNTINGTON HOSPITAL, INC		PART V, SECTION B, LINE 1J IN ADDITION TO THE ITEMS INDICATED, THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2013 DESCRIBES THE PROCESS FOR CONDUCTING INTERVIEWS WITH VARIOUS HEALTHCARE REPRESENTATIVES FROM THE COMMUNITY
CABELL HUNTINGTON HOSPITAL, INC		PART V, SECTION B, LINE 3 AN ASSESSMENT SURVEY COLLECTED INFORMATION FROM CITIZENS IN EACH OF THE FOUR COUNTIES INCLUDED IN THE CHNA CABELL, LAWRENCE (OHIO), LINCOLN, AND WAYNE IT WAS POSTED ONLINE AND PAPER COPIES WERE DISTRIBUTED KEY INFORMANTS WERE IDENTIFIED FROM THE FOUR COUNTY AREA THAT HAD CONSIDERABLE INVOLVEMENT IN THE COMMUNITY SELECTED RESPONSES ARE INCLUDED FROM ONE-ON-ONE TELEPHONE INTERVIEWS WITH THE KEY INFORMANTS THE KEY INFORMANTS WHOM THE HOSPITAL CONSULTED ARE AS FOLLOWS CABELL HOSPITAL ADMINISTRATION, STATE GOVERNMENT COMMISSIONER FOR BUREAU FOR FAMILIES AND CHILDREN, RETIRED STATE HEALTH OFFICER, MARSHALL UNIVERSITY, DIRECTOR OF ORGANIZATIONAL DEVELOPMENT AND LEARNING, DIRECTOR OF MED SURGERY, DIRECTOR OF SPIRITUAL CARE, HOSPITAL SERVICES REPRESENTATIVE, ORTHOPEDIC SURGEON, SURGICAL ONCOLOGY, HOSPITAL BOARD MEMBERS, COMMUNITY ACTION ORGANIZATION REPRESENTATIVE, PRIMARY CARE PHYSICIAN, FAMILY RESOURCE NETWORK REPRESENTATIVE, BOARD OF EDUCATION, EXECUTIVE BEHAVIORAL HEALTH CENTER, WAYNE COUNTY COMMISSION MEMBER, WAYNE COUNTY ADMINISTRATORS, EMERGENCY MANAGER, AMONG OTHERS

Identifier	ReturnReference	Explanation
CABELL HUNTINGTON HOSPITAL, INC		PART V, SECTION B, LINE 20D THE HOSPITAL USES ONE RATE TO CHARGE ALL PATIENTS THE PATIENTS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE (ESTABLISHED AFTER PROVIDING THE HOSPITAL WITH ALL INFORMATION REQUESTED ON APPLICATION) ARE THEN GIVEN A DISCOUNTED CHARGE BASED ON THE FINANCIAL ASSISTANCE POLICY
		PART VI, LINE 2 THE HOSPITAL ASSESES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING ITS OWN NEEDS ASSESSMENT AND CONSULTING WITH HEALTHCARE PROVIDERS SUCH AS MARSHALL UNIVERSITY JOAN C EDWARDS SCHOOL OF MEDICINE AND VARIOUS COMMUNITY AGENCIES A 2013 COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED DURING THE TAX YEAR THE ASSESSMENT REPRESENTS THE COMMUNITY THE HOSPITAL SERVES WHICH INCLUDES CABELL, LINCOLN AND WAYNE COUNTIES IN WV, AND LAWRENCE COUNTY IN OHIO THE REPORT INCLUDES A COMPREHENSIVE REVIEW AND ANALYSIS OF DATA REGARDING THE HEALTH ISSUES AND NEEDS OF THESE COUNTIES THE RESULTS OF THIS ASSESSMENT ENABLE THE COUNTY PUBLIC HEALTH DEPARTMENTS, HEALTH SYSTEMS AND OTHER PROVIDERS TO MORE STRATEGICALLY ESTABLISH PRIORITIES, DEVELOP INTERVENTIONS, AND COMMIT RESOURCES TO IMPROVE THE OVERALL HEALTH OF THESE COMMUNITIES THE CURRENT NEEDS ASSESSMENT CAN BE FOUND ON THE HOSPITAL WEBSITE

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THE HOSPITAL HAS INFORMATION ABOUT ITS CHARITY CARE POLICY AND APPLICATIONS AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AS WELL AS ITS OFFSITE LOCATIONS THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS WHO VISIT INPATIENTS IN ELIGIBLE FINANCIAL CLASSES TO PROVIDE INFORMATION ABOUT CHARITY CARE AS WELL AS RESPOND TO INQUIRIES FROM OUTPATIENTS REGARDING CHARITY CARE AND PROVIDE ASSISTANCE WITH THE CHARITY CARE APPLICATION PROCESS PATIENTS CAN COMMUNICATE WITH FINANCIAL COUNSELORS IN PERSON OR BY TELEPHONE, MAIL OR FAX IN ORDER TO LEARN MORE ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND OBTAIN INFORMATION REGARDING THEIR ELIGIBILITY FOR CHARITY CARE THE HOSPITAL ALSO CONTRACTS WITH MEDICAID ELIGIBILITY SPECIALISTS TO ASSIST THOSE PATIENTS WHO QUALIFY FOR MEDICAID INFORMATION ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND PROCESS IS POSTED ON THE HOSPITAL'S WEBSITE
		PART VI, LINE 4 THE HOSPITAL IS LOCATED IN HUNTINGTON, CABELL COUNTY, WV CABELL COUNTY IS LOCATED IN THE WESTERN PORTION OF WV AND IS BORDERED ON THE NORTHWEST BY OHIO AND ON THE SOUTHWEST BY KY (REGION REFERRED TO AS THE TRI-STATE AREA) HUNTINGTON IS ONE OF THE THREE METROPOLITAN CENTERS IN THE TRI-STATE AREA DUE TO SPECIALIZED SERVICES SUCH AS ITS BURN UNIT, PEDIATRIC INTENSIVE CARE AND NEONATAL INTENSIVE CARE UNITS THE HOSPITAL'S PRIMARY SERVICE AREA CONSISTS OF CABELL, WAYNE AND LINCOLN COUNTIES IN WV AND LAWRENCE COUNTY IN OHIO ALL OF WHICH CONATIN MEDICALLY UNDERSERVED AREAS AS DESIGNATED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES THE HOSPITAL'S PRIMARY SERVICE AREA HAS A POPULATION OF OVER 220,800 AND APPROXIMATELY 65% OF THE TOTAL DISCHARGES ORIGINATE FROM THE PRIMARY SERVICE AREA THE HOSPITAL'S SECONDARY SERVICE AREA, WHICH INCLUDES COUNTIES IN WV, EASTERN KY AND SOUTHERN OHIO, ACCOUNTS FOR AN ADDITIONAL 27% OF DISCHARGES WITH THE REMAINING 8% COMING FROM OUTSIDE THE SERVICE AREA ACCORDING TO OUR RECENT CHNA, 30 5% OF THE POPULATION IN THE PRIMARY SERVICE AREA IS 55 YEARS AND OLDER THE AVERAGE MEDIAN HOUSEHOLD INCOME FOR THIS AREA IS APPROXIMATELY $35,500, WHILE APPROXIMATELY 21% OF THE POPULATION IS CLASSIFIED AS BEING AT THE POVERTY LEVEL BY THE US CENSUS BUREAU THE UNEMPLOYMENT RATE IS APPROXIMATELY 8 9% THE HOSPITAL IS AFFILIATED WITH THE MARSHALL UNIVERSITY JOAN C EDWARDS SCHOOL OF MEDICINE AND ITS GRADUATE MEDICAL EDUCATION PROGRAMS, WHICH TRAINS PRIMARY CARE AND SPECIALTY PHYSICIANS FOR WV AND THE REGION THE HOSPITAL'S AFFILIATION ALSO ENABLES IT TO PROVIDE SPECIALIZED HEALTHCARE SERVICES SUCH AS HIGH RISK OBSTETRICS, NEONATAL INTENSIVE CARE, PEDIATRIC INTENSIVE CARE, AND COMPREHENSIVE ONCOLOGY CARE THE HOSPITAL ALSO SERVES AS A CLINICAL TRAINING SITE FOR A NUMBER OF HEALTH PROFESSION EDUCATION PROGRAMS, INCLUDING NURSING, PHARMACY, PHYSICAL & OCCUPATIONAL THERAPY, AND RADIOLOGICAL TECHNOLOGY

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE HOSPITAL IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS THAT INCLUDES REPRESENTATIVES OF SMALL BUSINESSES, ORGANIZED LABOR, THE ELDERLY AND LOWER-INCOME CONSUMERS, IN COMPLIANCE WITH STATE LAW A MAJORITY OF THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF THE HOSPITAL PROVIDES SPECIALIZED SERVICES NOT OTHERWISE AVAILABLE TO MEMBERS OF THE COMMUNITY, SUCH AS ITS NEONATAL AND PEDIATRIC SERVICES THE HOSPITAL OPERATES AN EMERGENCY DEPARTMENT AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY AS NOTED ABOVE, THE HOSPITAL PARTICIPATES IN THE EDUCATION AND TRAINING OF HEALTHCARE PROFESSIONALS, AND PROVIDES SUPPORT FOR MEDICAL RESEARCH CARRIED OUT BY MEDICAL SCHOOL FACULTY AND PHYSICIANS IN TRAINING THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH PROGRAMS THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVLEDGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR ALL DEPARTMENTS ANY SURPLUS OF FUNDS IS REINVESTED INTO REPLACEMENT OF EQUIPMENT OR NEW EQUIPMENT TO PROVIDE UPDATED SERVICES TO THE HOSPITAL'S PATIENTS OR TO PROVIDING NEW AND EXPANDED HEALTHCARE PROGRAMS

Additional Data

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
10

Name and address	Type of Facility (describe)
CABELL HUNTINGTON PAIN MANAGEMENT CENTER 1634 13TH AVENUE HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
CABELL BREAST HEALTH CENTER 1400 HAL GREER BLVD HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
WOMEN'S HEALTH 1660 TWELFTH AVENUE HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
WOMEN'S & FAMILY MEDICAL CENTER 1115 20TH STREET HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
COOK EYE CENTER 1300 THIRD AVENUE HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
FAMILY MEDICAL CENTER KENOVA 750 OAK STREET KENOVA,WV 25430	PAIN MANAGEMENT CLINIC
CENTER FOR SURGICAL WEIGHT CONTROL 1115 20TH STREET HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
FAMILY MEDICAL CENTER MERRITTS CREEK 100 MEADOW POINTE BARBOURSVILLE,WV 25504	PAIN MANAGEMENT CLINIC
CABELL PEDIATRICS 1115 20TH STREET HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC
CABELL HUNTINGTON BALANCE CENTER 1616 13TH AVENUE HUNTINGTON,WV 25701	PAIN MANAGEMENT CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EBENEZER MEDICAL OUTREACH CENTER 1448 TENTH AVE HUNTINGTON,WV 25701	55-0745033	501(C)(3)	50,004				MEDICAL/PHARMACY OUTREACH
(2) EBENEZER MEDICAL OUTREACH CENTER 1448 TENTH AVE HUNTINGTON,WV 25701	55-0745033	501(C)(3)	77,879				HEALTHY EATING PROGRAM
(3) MARSHALL UNIVERSITY ONE JOHN MARSHALL DRIVE HUNTINGTON,WV 25755	55-6000789	501(C)(3)	9,433,496				MEDICAL SCHOOL

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

Part IV **Supplemental Information.**

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION HAS THE FOLLOWING PLAN ESTABLISHED TO MONITOR THE USE OF THE GRANT FUNDS THE GRANTS AND FINANCIAL ASSISTANCE PROVIDED BY THE HOSPITAL ARE APPROVED BY THE HOSPITAL'S BOARD AND THE CEO/PRESIDENT THEY ARE APPROVED BASED ON THE NEEDS OF THE ORGANIZATION APPLYING FOR THEM AND HOW THEY WILL USE THE FUNDS RELATED TO THE HOSPITAL'S MISSION THE GRANTS AND ASSISTANCE GIVEN TO MARSHALL UNIVERSITY ARE TO AID IN THE EDUCATIONAL MISSION OF THE HOSPITAL THROUGH THE INTERN AND RESIDENT PROGRAMS ASSISTANCE IS GIVEN TO A COMMUNITY MEDICAL OUTREACH PROGRAM FOR HEALTH SERVICES AND A HEALTHY EATING PROGRAM THAT WAS BEGUN IN THE PREVIOUS YEAR VARIOUS STAFF MEMBERS OF THE HOSPITAL REVIEW THE FINANCIAL INFORMATION GIVEN TO THEM AND REPORT BACK TO THE BOARD AND PRESIDENT/CEO THE FUNDS DISPERSED FOR THIS ASSISTANCE IS REQUESTED WITH AN INVOICE AND CHECK REQUEST SIGNED BY THE APPROPRIATE HOSPITAL REPRESENTATIVE
		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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ORGANIZATION PAID DUES TO GUYAN COUNTRY CLUB FOR THE MEMBERSHIP OF BRENT MARSTELLER THIS WAS NOT CONSIDERED TAXABLE INCOME TO HIM
	PART I, LINE 4B	A 457(F) PLAN EXISTS FOR EXECUTIVES OF THE ORGANIZATION A PAYMENT OF $157,500 WAS MADE TO THE CEO DURING THE FISCAL YEAR NO OTHER PAYMENTS OR ACCRUALS WERE MADE FROM THE PLAN
	PART I, LINE 6	A BONUS PLAN EXISTS FOR EXECUTIVES OF THE ORGANIZATION DETAIL OF PAYMENTS MADE ARE DISCLOSED IN SCHEDULE J, PART II, COLUMN II BONUSES ARE BASED ON MEETING MULTIPLE GOALS SET FORTH FOR EACH EXECUTIVE BONUSES ARE ONLY ACCRUED AND PAID WHEN THE ORGANIZATION HAS NET INCOME

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)	524,787	187,360	173,187	82,934	19,919	988,187	0
	(II)	0	0	0	0	0	0	0
DAVID M WARD	(I)	301,096	64,774	8,098	131,850	10,684	516,502	0
	(II)	0	0	0	0	0	0	0
GLEN WASHINGTON	(I)	274,496	51,226	629	39,583	19,919	385,853	0
	(II)	0	0	0	0	0	0	0
HOYT BURDICK	(I)	311,420	41,359	628	68,963	19,919	442,289	0
	(II)	0	0	0	0	0	0	0
PAUL SMITH	(I)	230,797	0	0	101,983	11,246	344,026	0
	(II)	0	0	0	0	0	0	0
ROSEMARY SMITH	(I)	218,352	0	0	108,585	10,980	337,917	0
	(II)	0	0	0	0	0	0	0
BARRY TOURIGNY	(I)	247,758	0	0	22,176	19,612	289,546	0
	(II)	0	0	0	0	0	0	0
W MARK TWILLA - THRU 103012	(I)	176,454	0	0	7,743	16,469	200,666	0
	(II)	0	0	0	0	0	0	0
DAVID GRALEY	(I)	238,428	0	0	36,464	19,612	294,504	0
	(II)	0	0	0	0	0	0	0
DENNIS LEE	(I)	172,220	0	0	3,799	19,612	195,631	0
	(II)	0	0	0	0	0	0	0
MICHAEL VEGA MD	(I)	373,415	0	0	39,249	19,919	432,583	0
	(II)	0	0	0	0	0	0	0
ALFREDO RIVAS MD	(I)	375,989	0	0	42,249	19,919	438,157	0
	(II)	0	0	0	0	0	0	0
AHMET OZTURK MD	(I)	493,137	0	0	12,404	18,456	523,997	0
	(II)	0	0	0	0	0	0	0
DON GROSS MD	(I)	350,413	0	0	44,917	0	395,330	0
	(II)	0	0	0	0	0	0	0
HOSNY GABRIEL MD	(I)	351,288	0	0	65,749	19,919	436,956	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WV HOSPITAL FINANCE AUTHORITY 2008 SERIES A	62-1256910	956622YU2	10-16-2008	48,480,000	REFUND SERIES 2004B BONDS		X		X		X
B	WV HOSPITAL FINANCE AUTHORITY 2008 SERIES B	62-1256910	956622YU0	10-16-2008	48,475,000	REFUND SERIES 2004C BONDS		X		X		X
C	WV HOSPITAL FINANCE AUTHORITY 2009 SERIES A	62-1256910		01-27-2009	14,415,000	REFUND TAXABLE DEBT		X		X		X
D	CITY OF HUNTINGTON WEST VIRGINIA SERIES 2008	55-6000187		12-30-2008	9,685,000	HOSPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,790,000	2,685,000	1,478,111	1,077,388
2	Amount of bonds legally defeased				
3	Total proceeds of issue	48,480,000	48,475,000	14,415,000	9,685,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	806,255		127,348	87,796
8	Credit enhancement from proceeds	644,009			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	9,597,204			9,597,204
11	Other spent proceeds	14,287,652		14,287,652	
12	Other unspent proceeds				
13	Year of substantial completion	2009			2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	CITIBANK		CITIBANK					
c	Term of hedge	25 800000000000		25 800000000000					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION		PART II, LINES 7 & 8, COLUMN B BONDS IN COLUMN A AND COLUMN B WERE ISSUED SIMULTANEOUSLY AND ISSUE COSTS WERE FOR BOTH BOND ISSUES PART II, LINE 11, COLUMN C, "OTHER SPENT PROCEEDS" PROCEEDS USED TO REFUND TAXABLE DEBT PART II, LINE 11, COLUMN A, "OTHER SPENT PROCEEDS" PROCEEDS USED TO REIMBURSE THE HOSPITAL FOR AMOUNTS PREPAID FOR CAPITAL EXPENDITURES

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE COUNTY COMMISSION OF CABELL CNTY SERIES 2009	55-6000305		02-12-2009	6,500,000	HOSPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	686,863			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	6,500,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	62,856			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	5,384,787			
11	Other spent proceeds	1,052,357			
12	Other unspent proceeds				
13	Year of substantial completion	2009			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	PAUL SMITH, OFFICER, AND ROSEMARY SMITH, OFFICER, ARE MARRIED
	FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S BYLAWS SPECIFICALLY ALLOW OUTSIDE ENTITIES TO APPOINT INDIVIDUALS TO TH E BOARD OF DIRECTORS THE MAYOR OF THE CITY OF HUNTINGTON CAN APPOINT THREE MEMBERS, THE C ABELL COUNTY COMMISSION CAN APPOINT THREE MEMBERS, AND THE ORGANIZED LABOR UNION CAN APPOI NT TWO MEMBERS THE CHAIRMAN OF THE BOARD MAY ALSO APPOINT FOUR DIRECTORS WITH MAJORITY AP PROVAL OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS REVIEWED BY DREW HEFNER, DIRECTOR OF FINANCIAL DECISION SUPPORT , BARBARA GUNN, FINANCIAL MANAGER, MONTE WARD, CFO, PAUL SMITH, GENERAL COUNSEL, AND JIM B AILES, ATTORNEY THE FINAL COPY OF FORM 990 IS APPROVED BY THESE INDIVIDUALS AND THEN SENT TO THE BOARD MEMBERS FOR THEIR REVIEW
	FORM 990, PART VI, SECTION B, LINE 12C	IN THE FALL OF EACH YEAR, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE SENT AN ANNUAL QUESTI ONNAIRE ADDRESSING THE CONFLICT OF INTEREST POLICY EACH COMPLETED QUESTIONNAIRE IS REVIEW ED BY THE VICE PRESIDENT OVER THE RESPECTIVE INDIVIDUAL'S DEPARTMENT AND GENERAL COUNSEL T O DETERMINE IF A CONFLICT EXISTS IF A CONFLICT DOES EXIST, AN IN-DEPTH ANALYSIS IS PERFOR MED TO DETERMINE ANY IMPACT TO THE ORGANIZATION
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PO LICY 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, CHI EF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER OF THE ORGANIZATION IN KEEPING WITH THE P HILOSOPHY ESTABLISHED BY THE BOARD, THE COMPENSATION COMMITTEE HAS ENGAGED THE OUTSIDE CON SULTING FIRM OF YAFFE & ASSOCIATES, A FIRM WHICH SPECIALIZES IN ANALYZING NON-PROFIT EXECU TIVE COMPENSATION THE OUTSIDE CONSULTING FIRM PERIODICALLY PROVIDES THE COMMITTEE WITH RE LEVANT DATA CONCERNING THE COMPENSATION LEVELS OF EXECUTIVES OF HOSPITALS SIMILAR IN SIZE TO THE ORGANIZATION AND IN COMPARABLE GEOGRAPHIC AREAS THE COMPENSATION COMMITTEE CONSIDE RS THIS DATA TOGETHER WITH THE EXTENT TO WHICH PRE-ESTABLISHED GOALS HAVE BEEN ACCOMPLISHE D 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 COMPEN SATION OF THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THROUGH THE IN-HOUSE GENERAL COUNSEL'S OFFICE THE FINA NCIAL STATEMENTS ARE ATTACHED TO FORM 990, AND THUS CAN ALSO BE FOUND ON GUIDESTAR
OTHER FEES	FORM 990, PART IX, LINE 11G	MISCELLANEOUS PROGRAM SERVICE EXPENSES 46,659,688 MANAGEMENT AND GENERAL EXPENSES 5,184, 409 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,844,097
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	DECREASE IN PENSION LIABILITY 42,651,680 CHANGE IN EFFECTIVE INTEREST RATE SWAP 6,944,213 LIQUIDATION OF INVESTMENT IN CHH-CABELL 90,577
	FORM 990, PART XII, LINE 2C	THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CABELL HUNTINGTON HOSPITAL FOUNDATION INC PO BOX 1427 HUNTINGTON, WV 25716 31-1096222	PERFORMS FUNDRAISING FOR CABELL HUNTINGTON HOSPITAL, INC	WV	501(C)(3)	LINE 7	CABELL HUNTINGTON HOSPITAL INC	Yes	
(2) CABELL HUNTINGTON HOSPITAL AUXILIARY INC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-6014510	PERFORMS FUNDRAISING FOR CABELL HUNTINGTON HOSPITAL, INC	WV	501(C)(3)	LINE 11A, I	CABELL HUNTINGTON HOSPITAL INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TRI-STATE MRI PO BOX 3108 HUNTINGTON, WV 25702 55-0669726	OPERATES A FREE-STANDING MRI CENTER	WV	CABELL HUNTINGTON HOSPITAL INC	RELATED	-127,699	755,535		No		Yes		50 000 %
(2) OCCUMED LLC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 43-2093064	OPERATES AN OCCUPATIONAL MEDICAL TESTING CENTER AND AN URGENT CARE CENTER	WV	CABELL HUNTINGTON HOSPITAL INC	RELATED	10,075	1,026,591		No		Yes		68 460 %
(3) HUNTINGTON SURGERY CENTER LP 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-0647724	OPERATES AN AMBULATORY SURGERY CENTER - OUTPATIENT	WV	CABELL HUNTINGTON HOSPITAL INC	RELATED	-6,020			No		Yes		100 000 %
(4) HUNTINGTON SURGERY PROPERTIES LP 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-0647723	HOLDS PROPERTY FOR CABELL HUNTINGTON SURGERY CENTER	WV	CHH-CABELL DEVELOPMENT COPORATION	RELATED	81,289	546,219		No			No	41 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHH-CABELL DEVELOPMENT CORPORATION 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 62-1184183	OPERATES HUNTINGTON SURGERY PROPERTIES, LP	WV	CABELL HUNTINGTON HOSPITAL INC	C	2,009	-52,051	51 000 %		No
(2) MOUNTAIN REGIONAL SERVICES INC PO BOX 636 HUNTINGTON, WV 25711 55-0655843	RECORD OWNER OF REAL ESTATE NEAR CABELL HUNTINGTON HOSPITAL, INC	WV	CABELL HUNTINGTON HOSPITAL INC	C	344,540	490,134	100 000 %	Yes	
(3) MOUNTAIN HEALTH NETWORK INC PO BOX 636 HUNTINGTON, WV 25711 55-0675666	OWNS REAL ESTATE NEAR CABELL HUNTINGTON HOSPITAL, INC	WV	CABELL HUNTINGTON HOSPITAL INC	C			100 000 %	Yes	
(4) CHH-CABELL INC 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 62-1223702	OPERATES HUNTINGTON SURGERY CENTER, LP	WV	CABELL HUNTINGTON HOSPITAL INC	C	488,799		100 000 %	Yes	

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

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

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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CABELL HUNTINGTON HOSPITAL FOUNDATION INC	C	1,505,672	FMV
(2) HUNTINGTON SURGERY CENTER LP	L	224,866	FMV
(3) HUNTINGTON SURGERY CENTER LP	Q	262,529	FMV
(4) OCCUMED LLC	D	714,705	FMV
(5) OCCUMED LLC	O	1,316,942	FMV
(6) OCCUMED LLC	Q	169,556	FMV

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

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CABELL HUNTINGTON HOSPITAL FOUNDATION INC	C	1,505,672	FMV
HUNTINGTON SURGERY CENTER LP	L	224,866	FMV
HUNTINGTON SURGERY CENTER LP	Q	262,529	FMV
OCCUMED LLC	D	714,705	FMV
OCCUMED LLC	O	1,316,942	FMV
OCCUMED LLC	Q	169,556	FMV

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Financial Statements and Supplementary Information

September 30, 2013 and 2012

Cabell Huntington Hospital, Inc. and Subsidiaries

Table of Contents
September 30, 2013 and 2012

ParenteBeard

Independent Auditors' Report

Board of Directors
Cabell Huntington Hospital, Inc

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Cabell Huntington Hospital Inc and subsidiaries, which comprise the consolidated balance sheet as of September 30, 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit We conducted our audit in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Cabell Huntington Hospital Inc and subsidiaries as of September 30, 2013, and the results of their operations, changes in net assets, and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America

Other Matter

The consolidated financial statements of Cabell Huntington Hospital Inc and subsidiaries for the year ended September 30, 2012, before the restatement described in Note 21, were audited by other auditors whose report dated March 29, 2013 expressed an unmodified opinion on those statements

As part of our audit of the September 30, 2013 consolidated financial statements, we also audited the adjustments described in Note 21 that were applied to restate the 2012 consolidated financial statements In our opinion, such adjustments are appropriate and have been properly applied We were not engaged to audit, review, or apply any procedures to the 2012 consolidated financial statements of Cabell Huntington Hospital Inc and subsidiaries other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2012 consolidated financial statements as a whole

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying supplementary consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Parente Beard LLC

Pittsburgh, Pennsylvania
January 31, 2014

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Balance Sheet
September 30, 2013 and 2012

	2013	2012 (Restated)
Assets		
Current Assets		
Cash and cash equivalents	$ 76,815,603	$ 69,125,308
Patients accounts receivable (net of estimated allowance for doubtful accounts of $25,884,000 in 2013 and $23,693,000 in 2012)	67,243,592	60,393,445
Inventories, prepaid expenses, and other receivables	9,320,994	7,847,729
Estimated third-party payor settlements	7,566,324	16,442,134
Other current assets	3,448,415	7,240,926
Total current assets	164,394,928	161,049,542
Investments		
Board designated	123,706,829	111,726,513
Funds held by Foundation	4,172,369	2,860,091
Total investments	127,879,198	114,586,604
Property and Equipment, Net	184,422,766	182,216,853
Partnership Investments	9,075,039	9,294,491
Other Assets, Net	10,419,645	11,871,824
Total assets	$ 496,191,576	$ 479,019,314

	2013	2012 (Restated)
Liabilities and Net Assets		
Current Liabilities		
Lines of credit	$ 383,637	$ 5,387,656
Current maturities of long-term debt	5,671,193	6,048,497
Accounts payable	7,414,670	13,439,442
Accrued expenses	38,272,735	34,073,041
Estimated third-party payor settlements	1,998,698	5,842,606
Current portion of estimated professional liabilities	2,013,000	2,593,000
Total current liabilities	55,753,933	67,384,242
Long-Term Debt	114,828,446	119,429,491
Derivative Financial Instruments	12,265,103	19,209,316
Deferred Gains	4,162,208	4,925,069
Accrued Professional Liability and Other	10,996,191	14,625,191
Accrued Pension and Postretirement Liabilities	121,814,346	151,231,355
Total liabilities	319,820,227	376,804,664
Net Assets		
Controlling interest	165,897,638	91,085,099
Noncontrolling interest	473,295	627,439
Total unrestricted	166,370,933	91,712,538
Temporarily restricted	10,000,416	10,502,112
Total net assets	176,371,349	102,214,650
Total liabilities and net assets	$ 496,191,576	$ 479,019,314

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Statement of Operations
Years Ended September 30, 2013 and 2012

	2013	2012 (Restated)
Unrestricted Revenues		
Patient service revenues (net of contractual allowances and discounts)	$ 459,888,896	$ 427,365,530
Provision for bad debts	(47,648,428)	(42,587,117)
Net patient service revenues	412,240,468	384,778,413
Other revenues, including net assets released from restrictions used for operations	7,664,553	14,672,826
Total unrestricted revenues	419,905,021	399,451,239
Expenses		
Salaries and wages	138,451,807	129,738,068
Employee benefits	58,959,056	49,370,195
Supplies	66,199,530	62,285,680
Professional services	44,201,625	44,530,636
Maintenance and repairs	10,096,238	9,539,784
Interest	5,789,924	6,025,350
Depreciation and amortization	16,467,168	16,995,847
Provider tax	10,458,044	10,154,248
Insurance	7,142,933	4,624,303
Other	48,676,588	42,607,634
Total expenses	406,442,913	375,871,745
Operating income	13,462,108	23,579,494
Other Income (Loss)		
Investment income	11,392,604	12,379,566
Change in fair value of derivative financial instruments	6,944,213	(2,240,369)
Equity income (loss) from partnership investments	969,948	(210,514)
Revenues in excess of expenses	32,768,873	33,508,177
Pension and Post-Retirement Liabilities Adjustment	42,651,680	(34,715,635)
Equity Distributions	(505,720)	(200,971)
Other Changes in Unrestricted Net Assets	(256,438)	-
Increase (decrease) in unrestricted net assets	$ 74,658,395	$ (1,408,429)

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Statement of Changes in Net Assets
Years Ended September 30, 2013 and 2012

	2013	2012 (Restated)
Unrestricted Net Assets		
Revenues in excess of expenses	$ 32,768,873	$ 33,508,177
Pension and post-retirement liabilities adjustment	42,651,680	(34,715,635)
Equity distributions	(505,720)	(200,971)
Other changes in unrestricted net assets	(256,438)	-
Increase (decrease) in unrestricted net assets	74,658,395	(1,408,429)
Temporarily Restricted Net Assets		
Contributions and investment income, net	1,190,558	1,058,968
Net assets released from restrictions	(1,692,254)	(854,219)
(Decrease) increase in temporarily restricted net assets	(501,696)	204,749
Change in net assets	74,156,699	(1,203,680)
Net Assets, Beginning	102,214,650	103,418,330
Net Assets, Ending	$ 176,371,349	$ 102,214,650

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Statement of Cash Flows
Years Ended September 30, 2013 and 2012

	2013	2012 (Restated)
Cash Flows from Operating Activities		
Change in net assets	$ 74,156,699	$ (1,203,680)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	47,648,428	42,587,117
Depreciation, amortization, and accretion of bond discount	16,467,168	16,995,847
Pension and post-retirement liabilities adjustment	(42,651,680)	34,715,635
Net realized and unrealized gains on investments	(9,555,409)	(10,676,108)
Change in fair value of derivative financial instruments	(6,944,213)	2,240,369
Equity (income) loss from partnership investments	(969,948)	210,514
Distributions received from partnership investments	517,500	2,038,500
Restricted contributions and investment income	(1,190,558)	(1,058,968)
Changes in assets and liabilities		
Patients accounts receivable	(54,498,575)	(52,121,865)
Inventories, prepaid expenses, and other receivables	(1,473,265)	1,504,335
Estimated third-party payor settlements	5,031,902	(8,521,246)
Other assets	5,840,298	(1,479,708)
Accounts payable and accrued expenses	(1,825,078)	4,053,235
Deferred gains	(762,861)	(762,860)
Other liabilities	9,025,671	4,566,061
Net cash provided by operating activities	38,816,079	33,087,178
Cash Flows from Investing Activities		
Purchases of property and equipment	(18,588,954)	(14,147,070)
Increase in investments	(3,737,185)	(872,753)
Net cash used in investing activities	(22,326,139)	(15,019,823)
Cash Flows from Financing Activities		
Net repayment of line of credit	(5,004,019)	(3,819)
Repayment of long-term debt	(4,986,184)	(2,750,286)
Restricted contributions and investment income	1,190,558	1,058,968
Net cash used in financing activities	(8,799,645)	(1,695,137)
Net increase in cash and cash equivalents	7,690,295	16,372,218
Cash and Cash Equivalents, Beginning	69,125,308	52,753,090
Cash and Cash Equivalents, Ending	$ 76,815,603	$ 69,125,308
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest	$ 5,815,778	$ 5,877,310

See notes to consolidated financial statements

1. Organizational Structure and Nature of Operations

Cabell Huntington Hospital, Inc ("Old Cabell") was established in March 1945 by a legislative act of the State of West Virginia On March 6, 1986, the West Virginia legislature enacted legislation authorizing Old Cabell's Board of Trustees to organize a private nonprofit corporation (the "Hospital") and further authorized the City of Huntington and Cabell County to transfer title of Old Cabell's assets to the Hospital During 1987, the County Commission of Cabell County and City Council of Huntington approved the transfer of assets to the Hospital On September 16, 1987, the land, building, and personal property were transferred to the Hospital On February 1, 1988, the effective date of the reorganization, all remaining assets, and the operations of Old Cabell were transferred to the Hospital, and the Hospital assumed all liabilities of Old Cabell

Upon completion of the reorganization, the Cabell Huntington Hospital Foundation, Inc (the "Foundation") transferred all of its assets to the Hospital, and the Hospital assumed all of its liabilities, except for the Foundation's restricted fund assets and funds necessary for fund-raising activities

The Hospital is an acute care facility in Huntington, West Virginia, that provides integrated health care solutions to residents of Cabell County and surrounding communities

The consolidated financial statements include the accounts of the Hospital, the Foundation, Mountain Regional Services, Inc ("MRS"), which owns certain real estate near the Hospital, CHH-Cabell Development Corporation, which owns certain long-lived assets used for outpatient surgery, Occumed, LLC ("Occumed"), which provides urgent care and occupational medicine and related services, and The Cabell Huntington Hospital Auxiliary, Inc ("Auxiliary")

The consolidated financial statements included the accounts of CHH-Cabell, Inc , which had a majority interest in Cabell Huntington Surgery Center, at September 30, 2012 During 2013, the Hospital acquired the minority ownership interest of CHH-Cabell, Inc and converted the operations into a department of the Hospital

2. Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Hospital and its majority-owned subsidiaries, (collectively, the "Corporation") The minority ownership interest of the subsidiaries is treated as a noncontrolling interest in the consolidated financial statements All significant intercompany transactions and amounts have been eliminated in consolidation

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit and temporary investments with financial institutions, which have original maturities of three months or less at the date of purchase The carrying amount of cash equivalents approximates fair value

Patient Accounts Receivable

Revenue from patient services is recognized in the period in which the services are provided Patient accounts receivable and net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for doubtful accounts

The Hospital has demonstrated successful results in collecting receivables from patients who have agreed to a payment plan, and these amounts will remain in patient accounts receivable at their estimated net realizable amounts and will be evaluated as part of management's assessment of the adequacy of the allowance for doubtful accounts

The allowance for doubtful accounts was approximately $25,884,000 at September 30, 2013 and $23,693,000 at September 30, 2012 These balances as a percent of patient accounts receivable, net of contractual adjustments, were approximately 28% at September 30, 2013 and 2012 The Hospital's combined allowance for doubtful accounts, uninsured discounts and charity care covered approximately 90% at September 30, 2013 and 80% at September 30, 2012, of combined uninsured and self-pay after insurance accounts receivable The increase in the allowance for doubtful accounts during the year ended September 30, 2013 was primarily the result of an increase in uninsured and self-pay after insurance accounts receivable driven by the increase in patient service revenues

Inventories

Inventories are stated at the lower of cost or market Cost is determined on a weighted average basis

Investments

Investments include assets set aside by the Board of Directors (the "Board"), primarily for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes Assets held by the Foundation are primarily restricted by donors to support the Hospital

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law

The Corporation's investments are comprised of a variety of financial instruments and are managed by investment advisors The fair values reported in the consolidated balance sheet are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term

Property and Equipment

Property and equipment acquisitions are recorded at cost The Corporation provides for depreciation on a straight-line basis over the estimated useful lives of the assets, generally ranging from 3 to 40 years Such lives, in the opinion of management, are adequate to allocate asset costs over their productive lives Maintenance, repairs, and minor improvements are expensed as incurred Equipment under capital leases is amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the equipment Depreciation expense was approximately $16,383,000 in 2013 and $16,840,000 in 2012

Net interest costs on borrowed funds in the period of construction of capital assets are capitalized as a component of the cost of those constructed assets No interest costs were capitalized during the years ended 2013 or 2012

Gifts of long-lived assets such as land, buildings, or equipment are recorded at fair value and reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Impairment of Property and Equipment

Property and equipment are evaluated for impairment whenever events or changes in circumstances indicate the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition If expected cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets

Partnership Investments

The Corporation uses the equity method of accounting for its partnership investments that it does not control but over which it does exercise significant influence The Corporation considers whether the fair values of any of its partnership investments have declined below their carrying value whenever adverse events or changes in circumstances indicate that recorded values may not be recoverable If the Corporation considers any such declines to be other than temporary (based on various factors including, but not limited to, market values and historical financial results), an impairment charge would be recognized to reduce the carrying amount of the investment to its estimated fair value No such indicators were present with respect to the Corporation's partnership investments as of September 30, 2013 and 2012

Deferred Financing Costs

Costs incurred in connection with the issuance of long-term debt have been deferred and are being amortized over the term of the debt using the straight-line method, which approximates the effective interest method Deferred financing costs, net of accumulated amortization, approximate $1,382,000 at September 30, 2013 and $1,458,000 at September 30, 2012, and are included in other assets in the accompanying consolidated balance sheet Amortization expense was approximately $76,000 in 2013 and $59,000 in 2012

Derivative Financial Instruments

The Corporation entered into interest rate swap agreements, which are considered derivative financial instruments, to manage its interest rate risk on certain long-term debt obligations The interest rate swap agreements are reported at fair value in the consolidated balance sheet and related changes in fair value are reported in the statement of operations as a change in fair value of derivative financial instruments

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported including costs associated with litigation or settling claims Anticipated insurance recoveries associated with reported claims are reported separately in the Corporation's consolidated balance sheet at net realizable value

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use has been specifically limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity There are no permanently restricted net assets at September 30, 2013 or 2012 The Corporation records restricted contributions whose restrictions are met in the same reporting period as unrestricted

Revenues in Excess of Expenses

The consolidated statement of operations includes the determination of revenues in excess of expenses Changes in unrestricted net assets that are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include changes in pension assets and benefit obligations, contributions of long-lived assets (including assets acquired using contributions that by donor restrictions are to be used for the purpose of acquiring such assets), cumulative effect adjustments, and permanent transfers of assets to and from affiliates for other than goods and services

Net Patient Service Revenues

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted, as necessary, in future periods as tentative and final settlements are received It is reasonably possible that the estimates used could change in the near term

For uninsured patients, the Hospital recognizes revenues on the basis of its standard rates, discounted in accordance with its policy On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided Patient service revenues, net of contractual allowances and discounts (but before the provision for bad debts), recognized in 2013 and 2012 from these major payor sources, are as follows

	September 30, 2013		
	Third-Party Payors	Self-Pay	Total
Patient service revenues (net of contractual allowances and discounts)	$ 409,405,992	$ 50,482,904	$ 459,888,896

	September 30, 2012		
	Third-Party Payors	Self-Pay	Total
Patient service revenues (net of contractual allowances and discounts)	$ 384,628,977	$ 42,736,553	$ 427,365,530

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as patient service revenues (Note 4)

Advertising Costs

Advertising costs are expensed as incurred

Provider Tax

The State of West Virginia assesses a health care provider tax based on net patient service revenues at rates ranging from 0 175% to 5 500% of such revenues

Federal and State Income Taxes

The Hospital, Foundation and Auxiliary are tax-exempt organizations and are not subject to federal or state income taxes in accordance with Section 501(c)(3) of the Internal Revenue Code On such basis, they will not incur any liability for income taxes, except for possible unrelated business income

MRS, CHH-Cabell Development Corporation and Occumed are organizations subject to federal and/or state income taxes

The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met Management determined there were no tax uncertainties that met the recognition threshold in 2013 and 2012 The Corporation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses

The Corporation's federal and state income tax returns are no longer subject to examination by federal or state taxing authorities for years before 2009

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through January 31, 2014, the date the financial statements were available to be issued

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statements to conform with the 2013 presentation

New Accounting Pronouncements

The Corporation adopted new authoritative guidance on fair value measurements for the year ended September 30, 2013 The guidance includes new and clarified guidance on fair value measurements (highest and best use, equity instruments, managed net portfolio positions, and application of premiums and discounts) and disclosure (quantitative information, valuation processes and sensitivity of unobservable inputs, assets not in highest and best use, and assets not measured at fair value) The adoption of the amended guidance required certain additional disclosures in the notes to the Corporation's consolidated financial statements on a prospective basis

3. Edwards Comprehensive Cancer Center

The Edwards Foundation was established in 2002 as a supporting nonprofit organization to the Hospital and the Marshall University School of Medicine through a $16,000,000 endowment funded by James F Edwards and Joan C Edwards The members of the Edwards Foundation include representatives of the Hospital, the Marshall University School of Medicine, and designees selected by the Edwards family

In September 2003, the Hospital and the Edwards Foundation executed a 99-year ground lease whereby the Edwards Foundation leases land from the Hospital for $1 per year During the year ended September 30, 2005, the Edwards Foundation commenced construction of the Edwards Comprehensive Cancer Center ("ECCC") on the campus of the Hospital pursuant to the ground lease

In January 2006, the Hospital and the Edwards Foundation executed a 97-year lease whereby the Hospital leases the building and associated equipment for the purpose of operating the ECCC During the term of the building and equipment lease, the Hospital is required to make annual lease payments to the Edwards Foundation in an amount equal to the sum of $12 per year plus 50% of annual net profit, as defined in the lease agreement, generated by the operations of the ECCC In March 2006, the building and equipment lease was amended to provide for The Edwards Foundation to obtain a bank loan to finance a portion of the construction costs and equipment As long as any portion of the loan, or any extensions or renewals thereof, remains outstanding the Hospital shall make annual lease payments up to 100% of the amount necessary to amortize the loan over a period of 15 years, as defined in the lease agreement The loan had a balance of $5,200,000 at September 30, 2013 and matures in February 2015 The loan is secured by the property and equipment of the ECCC

Under the ground lease, the building and equipment associated with the ECCC will become the property of the Hospital upon the expiration or early termination of the lease Construction and equipping of the ECCC was completed by the Edwards Foundation in 2006 at a total cost of approximately $31,605,000 This amount, net of accumulated amortization, is classified in property and equipment in the accompanying consolidated balance sheet (Note 9)

The building and equipment related to the ECCC are being amortized over their estimated useful lives, which is included in depreciation and amortization in the accompanying consolidated statement of operations (Note 9) Additionally, any rent payment due under the terms of the building and equipment lease is recorded as rental expense, which approximated $1,781,000 in 2013 and $1,122,000 in 2012, and is included in other expense in the accompanying consolidated statement of operations

4. Charity Care

The Hospital estimates the cost of providing charity care using the ratio of average patient care cost to gross charges and then applies that ratio to the gross uncompensated charges associated with providing charity care The amount of charges forgone for services and supplies furnished under the Hospital's charity care policies follows for the years ended September 30

	2013	2012
Charges forgone, based on established rates	$ 30,878,000	$ 27,751,000
Management's estimate of expenses incurred to provide charity care	$ 11,232,000	$ 10,863,000
Equivalent percentage of charity care services to gross patient revenue, based on established rates	2 8%	2 9%

5. Net Patient Service Revenues

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates The following summarizes the significant payment arrangements with major third-party payors

Medicare

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Outpatient services are paid primarily at prospectively determined rates The Hospital receives additional reimbursement for disproportionate share based on the level of Medicaid and Supplementary Security Income patients it serves The Hospital also receives payments for direct and indirect medical education from the Medicare program

The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a Medicare quality improvement organization The Hospital's cost reports have been audited by the Medicare fiscal intermediary through September 30, 2009

Medicaid

Payments for inpatient acute care services rendered to Medicaid program beneficiaries are based primarily upon a prospectively determined rate per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Outpatient services are paid on a published fee schedule

The State of West Virginia's disproportionate share plan reimburses hospitals in the state that provide Medicaid services and meet other eligibility criteria

The State of West Virginia increases Medicaid reimbursement to qualified public safety net hospitals for services to Medicaid-eligible patients Supplemental payments may be received in an amount up to the difference between current reimbursement and the maximum permissible payments under Upper Payment Limit ("UPL") regulations The first payment was made in August 2012 and periodic payments have been made subsequent to that date The Hospital received UPL payments of $9,189,000 in 2013 and $12,351,000 in 2012 that are included in net patient service revenues There is risk that Congress may change federal policy in the future in a way that might limit or eliminate these enhanced Medicaid payments The enhanced UPL payments are recorded in the period in which they are received The laws and regulations governing the UPL program are complex and subject to interpretation Furthermore, the enhanced UPL payments received are subject to review and retroactive adjustment Management is unable to estimate the amount of any such adjustments at this time

Health Care Authority

The Health Care Authority ("HCA") is empowered, by provisions of the West Virginia Code, to regulate the Hospital's gross patient revenue from non-governmental payors and to evaluate financial performance This is accomplished by issuing rate orders based on the Hospital's budgets and rate schedules and evaluating performance and compliance based on reports submitted by the Hospital on a periodic basis Addition and deletion of services and the execution of non-governmental discount contracts are also subject to HCA approval

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Revenues received under third-party arrangements are subject to audit and retroactive adjustment The Hospital has included in net patient service revenues favorable adjustments of approximately $253,000 in 2013 and $500,000 in 2012 related to its estimates of the ultimate settlement under these third-party arrangements

6. Meaningful Use

The Health Information Technology for Economic and Clinic Health ("HITECH") portion of the American Recovery and Reinvestment Act of 2009 included incentive payments under the Medicare and Medicaid programs for certain healthcare providers to use certified electronic health records ("EHR") technology in ways that can positively impact patient care In order to be eligible for EHR incentive funding, eligible hospitals and professionals must use a certified EHR, report quality measures, and demonstrate meaningful use as defined by HITECH

The Hospital is entitled to receive Medicare and Medicaid incentive payments for the adoption of certified EHR technology as the Hospital has satisfied the statutory and regulatory requirements As such, the Hospital recognized incentives of approximately $1,259,000 in 2013 and $6,206,000 in 2012 and included such amounts in other revenues in the accompanying consolidated statement of operations Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the Hospital's compliance with the meaningful use criteria is subject to audit by the federal government

7. Investments

The composition of investments at September 30, 2013 and 2012 is as follows

	2013	2012
Cash and cash equivalents	$ 21,261,975	$ 21,245,261
Marketable equity securities	63,712,597	51,404,341
Corporate bonds	17,743,909	10,240,008
Mortgage backed securities	12,365,810	12,453,899
U S government and agency obligations	10,213,973	9,934,801
Mutual funds		
Equity	1,336,990	414,585
Fixed income	1,243,944	8,893,709
Total	$ 127,879,198	$ 114,586,604

Unrestricted investment income, gains, and losses are comprised of the following in 2013 and 2012

	2013	2012
Interest and dividend income	$ 2,350,348	$ 2,093,445
Net unrealized gains on trading securities	1,030,675	8,866,955
Net realized gains on sales of securities	8,524,734	1,809,153
Investment manager and trustee fees	(513,153)	(389,987)
Net unrestricted investment income	$ 11,392,604	$ 12,379,566

8. Fair Value Measurements and Financial Instruments

The Corporation measures its investments and derivative financial instruments on a recurring basis in accordance with accounting principles generally accepted in the United States Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value The hierarchy prioritizes the inputs used in determining valuations into three levels The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement The levels of the fair value hierarchy are as follows

Level 1 - Fair value is based on unadjusted quoted prices in active markets for identical assets or liabilities These generally provide the most reliable evidence and are used to measure fair value whenever available

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the same term of the asset or liability through corroboration with observable market data Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs

Level 3 - Fair value is based on significant unobservable inputs Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques

The fair value of financial instruments listed below was determined using the following valuation hierarchy at September 30, 2013 and 2012

	2013				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Assets – recurring fair value measurements:					
Investments					
Cash and cash equivalents	$ 21,261,975	$ 21,261,975	$ 21,261,975	$ -	$ -
Marketable equity securities					
Utilities	12,070,271	12,070,271	12,070,271	-	-
Health care	9,343,543	9,343,543	9,343,543	-	-
Industrials	8,631,711	8,631,711	8,631,711	-	-
Consumer discretionary	7,879,227	7,879,227	7,879,227	-	-
Information technology	7,561,338	7,561,338	7,561,338	-	-
Energy	7,306,683	7,306,683	7,306,683	-	-
Consumer staples	5,749,107	5,749,107	5,749,107	-	-
Materials	2,278,759	2,278,759	2,278,759	-	-
Other	1,949,450	1,949,450	1,949,450	-	-
Telecommunications	942,508	942,508	942,508	-	-
Corporate bonds	17,743,909	17,743,909	-	17,743,909	-
Mortgage backed securities	12,365,810	12,365,810	-	12,365,810	-
U S government and agency obligations	10,213,973	10,213,973	-	10,213,973	-
Mutual funds					
Equity	1,336,990	1,336,990	1,336,990	-	-
Fixed income	1,243,944	1,243,944	1,243,944	-	-
Total investments	$ 127,879,198	$ 127,879,198	$ 87,555,506	$ 40,323,692	$ -
Liabilities – recurring fair value measurements:					
Derivative financial instruments	$ 12,265,103	$ 12,265,103	$ -	$ 12,265,103	$ -
Assets disclosed at fair value:					
Cash and cash equivalents	$ 76,815,603	$ 76,815,603	$ 76,815,603	$ -	$ -
Liabilities disclosed at fair value:					
Bonds payable	$ 118,837,638	$ 118,837,638	$ -	$ -	$ 118,837,638
Capital leases and other notes payable	1,819,349	1,819,349	-	-	1,819,349
Total	$ 120,656,987	$ 120,656,987	$ -	$ -	$ 120,656,987

	2012				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Assets – recurring fair value measurements:					
Investments					
Cash and cash equivalents	$ 21,245,261	$ 21,245,261	$ 21,245,261	$ -	$ -
Marketable equity securities					
Financials	8,716,364	8,716,364	8,716,364		
Consumer discretionary	7,040,635	7,040,635	7,040,635	-	-
Energy	6,700,465	6,700,465	6,700,465	-	-
Information technology	5,859,518	5,859,518	5,859,518	-	-
Consumer staples	5,662,243	5,662,243	5,662,243	-	-
Health care	5,639,326	5,639,326	5,639,326	-	-
Other	3,612,059	3,612,059	3,612,059	-	-
Industrials	3,166,914	3,166,914	3,166,914	-	-
Telecommunications	2,435,186	2,435,186	2,435,186	-	-
Materials	1,650,017	1,650,017	1,650,017	-	-
Utilities	921,614	921,614	921,614	-	-
Corporate bonds	10,240,008	10,240,008	-	10,240,008	-
Mortgage backed securities	12,453,899	12,453,899	-	12,453,899	-
U S government and agency obligations	9,934,801	9,934,801	-	9,934,801	-
Mutual funds					
Equity	414,585	414,585	414,585	-	-
Fixed income	8,893,709	8,893,709	8,893,709	-	-
Total investments	$ 114,586,604	$ 114,586,604	$ 81,957,896	$ 32,628,708	$ -
Liabilities – recurring fair value measurements:					
Derivative financial instruments	$ 19,209,316	$ 19,209,316	$ -	$ 19,209,316	$ -
Assets disclosed at fair value:					
Cash and cash equivalents	$ 69,125,308	$ 69,125,308	$ 69,125,308	$ -	$ -
Liabilities disclosed at fair value:					
Bonds payable	$ 122,716,569	$ 122,716,569	$ -	$ -	$ 122,716,569
Capital leases and other notes payable	2,926,602	2,926,602	-	-	2,926,602
Total	$ 125,643,171	$ 125,643,171	$ -	$ -	$ 125,643,171

During 2012, the fair value of fixed income mutual funds was reported as Level 2 The prior period disclosure has been reclassified to reflect the fair value of fixed income mutual funds as Level 1 Transfers between levels are recognized at the end of the reporting period

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value There have been no changes in methodologies used at September 30, 2013 and 2012

Cash and cash equivalents The carrying amounts approximate fair value because of the short maturity of these financial instruments

Marketable equity securities Valued at the closing price reported on the active market on which the individual securities are traded

U S government and government agency obligations Valued based on spreads of published interest rate curves

Marketable debt securities Valued based on spreads of published interest rate curves

Mutual funds Valued at the net asset value of shares (basis for trade) held by the Corporation at year end

Long-term debt Valued based on current rates offered for similar issues with similar securities terms and maturities, or estimated using a discount rate that a market participant would demand

Derivative financial instruments Valued based on proprietary models of an independent third party valuation specialist The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instruments and was estimated using the zero-coupon discounting method This method calculates the future payments required by the derivative financial instruments, assuming that the current forward rates implied by the yield curve are the market's best estimate of future spot interest rates These payments are then discounted using the spot rates implied by the current yield curve for a hypothetical zero-coupon rate bond due on the date of each future net settlement payment on the derivative financial instruments The value represents the estimated exit price the Corporation would pay to terminate the agreements The change in fair value of derivative financial instruments is included in revenues in excess of expenses

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values Furthermore, although the Corporation believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

9. Property and Equipment

Property and equipment and related accumulated depreciation consist of the following at September 30, 2013 and 2012

	2013	2012
Land and land improvements	$ 17,484,344	$ 17,463,362
Buildings	163,863,180	160,925,131
Fixed equipment	49,712,255	49,514,789
Major movable equipment	132,857,430	127,247,861
Buildings and equipment under long-term lease with related party (Note 3)	31,604,714	31,604,714
Total	395,521,923	386,755,857
Less accumulated depreciation and amortization	221,493,088	207,569,210
	174,028,835	179,186,647
Construction in progress	10,393,931	3,030,206
Property and equipment, net	$ 184,422,766	$ 182,216,853

Accumulated amortization on buildings and equipment under long-term lease with related party approximates $13,696,000 at September 30, 2013 and $12,992,000 at September 30, 2012

10. Lines of Credit

The Hospital maintains a $5,000,000 revolving loan agreement with Branch Banking and Trust Company ("BB&T") There were no borrowings outstanding at September 30, 2013 There were borrowings outstanding of $5,000,000 at September 30, 2012 Borrowings under the agreement bear interest at one-month LIBOR plus 1 75% per annum

Occumed has a $401,524 revolving loan agreement with First Sentry Bank Borrowings under the agreement totaled $383,637 at September 30, 2013 and $387,656 at September 30, 2012 Borrowings under the agreement bear interest at 7 25% per annum Under the terms of the agreement, the amounts borrowed are due and payable on January 28, 2014, and interest is payable monthly

11. Long-Term Debt

Long-term debt consists of the following at September 30, 2013 and 2012

	2013	2012
2008 Series A and B	$ 91,480,000	$ 94,265,000
Revenue bonds – City of Huntington	8,607,612	8,971,232
Revenue bonds – WVHFA	12,936,889	13,432,623
Revenue bonds – Cabell County	5,813,137	6,047,714
Capital leases and other notes payable	1,819,349	2,926,602
Total	120,656,987	125,643,171
Amounts representing net unamortized bond discount	(157,348)	(165,183)
	120,499,639	125,477,988
Less current portion	5,671,193	6,048,497
Long-term debt	$ 114,828,446	$ 119,429,491

In October 2008, the Hospital issued $48,480,000 of West Virginia Hospital Finance Authority ("WVHFA") Hospital Revenue Refunding Bonds 2008 Series A and $48,475,000 of WVHFA Hospital Revenue Refunding Bonds 2008 Series B (the "2008 Bonds")

The 2008 Bonds are repayable in an annual amount beginning January 1, 2012 through January 1, 2034, and bear interest based on a weekly rate model (0 08% at September 30, 2013) The 2008 Bonds are secured by a bank letter-of-credit agreement with BB&T that will provide the Hospital financing in an amount necessary to purchase a portion of the 2008 Bonds if not remarketed The bank letter-of-credit agreement will expire on August 7, 2015

In March 2007, the Hospital executed a $15,000,000 revolving loan agreement with JP Morgan Chase Bank, N A In March 2008, the Hospital executed an amendment with JP Morgan Chase Bank, N A that provided an additional $10,000,000 in borrowings under the revolving loan agreement During the year ended September 30, 2009, the Hospital refunded $25,000,000 of the revolving loan with JP Morgan Chase Bank, N A through a private placement of bank-qualified, tax-exempt revenue bonds through the City of Huntington and Cabell County and a private placement of non-bank-qualified, tax-exempt revenue bonds through WVFHA The tax-exempt revenue bonds bear interest at a fixed rate ranging from 5 03% to 6 00% and require monthly principal and interest payments of approximately $200,000 through February 2029

Capital leases and other notes payable consist of capital leases and bank loan agreements that are secured by equipment and property with various expiration dates and require monthly principal and interest payments

The scheduled principal repayments as of September 30, 2013 are as follows

Years ending September 30	
2014	$ 5,671,193
2015	4,586,041
2016	4,379,886
2017	4,619,178
2018	4,817,758
Thereafter	96,582,931
Total	$ 120,656,987

The Corporation's indebtedness agreements contain restrictive covenants, the most significant of which are the maintenance of minimum debt service, capitalization, and liquidity levels, and restrictions as to the incurrence of additional indebtedness and transfers of assets

12. Derivative Financial Instruments

The Hospital has two interest rate swap agreements to manage its exposure on its debt instruments During the term of these agreements, the fixed rate swaps convert variable rate debt to a fixed rate The notional amount under each interest rate swap is reduced over the term of the respective agreement to correspond with reductions in the outstanding bond series

The following table summarizes the Hospital's interest rate swap agreements

Swap Type	Expiration Date	Cabell Receives	Cabell Pays	Notional Amounts at September 30, 2013
Floating to fixed	2034	62 2% one-month LIBOR	3 68%	$ 47,700,000
Floating to fixed	2034	64 8% one-month LIBOR	3 48%	47,600,000
				$ 95,300,000

By using derivative financial instruments to manage these risks, the Hospital exposes itself to credit risk and market risk Credit risk is the failure of the counterparty to perform under the terms of the derivative contracts When the fair value of a derivative contract is positive, the counterparty owes the Hospital, which creates credit exposure for the Hospital When the fair value of a derivative contract is negative, the Hospital owes the counterparty If the Hospital has a derivative in a liability position, the credit-adjusted market values could be adjusted downward Market risk is the effect on the value of a financial instrument that results from a change in interest rates The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken Management also mitigates risk through periodic reviews of its derivative positions in the context of its total blended cost of capital

The net cash paid or received under the swap agreements is recognized as an adjustment to interest expense As a result of the swap agreements, interest expense increased by approximately $3,022,000 in 2013 and $3,066,000 in 2012

13. Benefit Plans

The Hospital sponsors noncontributory defined benefit plans covering substantially all eligible employees Pension benefits to participating employees are based on years of credited service and salaries The Hospital provides funding sufficient to meet minimum funding requirements under applicable federal laws Plan assets, primarily consisting of U S government and equity securities, are held in trust In addition, the Hospital sponsors a postretirement health benefit plan for its employees who have at least 17 years of service and who retire at age 62 or older Effective January 1, 2011, all new employees will participate in a 401(k) plan in lieu of the defined benefit plans Eligibility will require one year of service with 1,080 hours worked The Hospital will contribute 3% of eligible salary annually, and employees will vest in employer contributions after five years of service

The following table presents a reconciliation of the beginning and ending balances of the various plans' projected benefit obligations and the fair value of plan assets and funded status of the plans measured at September 30

	Pension Plans		Postretirement Plan	
	2013	2012	2013	2012
Changes in projected benefit obligation				
Projected benefit obligation, beginning of year	$ 277,152,619	$ 213,767,185	$ 24,319,375	$ 19,438,564
Service cost	11,628,379	8,985,086	1,226,979	991,014
Interest cost	12,077,896	11,415,178	995,270	1,041,489
Actuarial (gain) loss	(30,265,193)	47,473,784	860,406	3,206,861
Benefits paid	(5,052,458)	(4,488,614)	(574,884)	(358,553)
Projected benefit obligation, end of year	$ 265,541,243	$ 277,152,619	$ 26,827,146	$ 24,319,375
Changes in plan assets				
Fair value of plan assets, beginning of year	$ 150,240,639	$ 118,230,564	$ -	$ -
Actual return on plan assets	17,910,860	20,713,410	-	-
Employer contributions	7,455,002	15,785,279	574,884	358,553
Benefits paid	(5,052,458)	(4,488,614)	(574,884)	(358,553)
Fair value of plan assets, end of year	$ 170,554,043	$ 150,240,639	$ -	$ -
Funded status at end of year	$ (94,987,200)	$ (126,911,980)	$ (26,827,146)	$ (24,319,375)
Accumulated benefit obligation	$ 230,562,976	$ 236,901,071		

The following table sets forth the components of net periodic pension costs in 2013 and 2012

	Pension Plans		Postretirement Plan	
	2013	2012	2013	2012
Service cost	$ 11,628,379	$ 8,985,086	$ 1,226,979	$ 991,014
Interest cost	12,077,896	11,415,178	995,270	1,041,489
Expected return on plan assets	(10,512,315)	(8,608,944)	-	-
Recognized net actuarial loss	5,428,515	3,664,319	-	-
Amortization of prior service cost	93,884	102,544	-	-
Amortization of gains and losses	-	-	131,736	-
Amortization of transition obligation	-	-	-	98,272
Net periodic benefit expense	$ 18,716,359	$ 15,558,183	$ 2,353,985	$ 2,130,775

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic pension cost

	Pension Plans		Postretirement Plan	
	2013	2012	2013	2012
Unrecognized actuarial loss	$ (61,414,923)	$ (104,507,176)	$ (4,070,335)	$ (3,517,180)
Transition obligation	-	-	-	-
Prior service cost	(305,634)	(399,518)	-	-
Total	$ (61,720,557)	$ (104,906,694)	$ (4,070,335)	$ (3,517,180)

Changes in plan assets and benefit obligations recognized in unrestricted net assets include

	2013	2012
Current year net actuarial gain (loss)	$ 47,854,575	$ (31,252,132)
Amortization of net actuarial loss	(5,428,515)	(3,664,319)
Amortization of prior service cost	93,884	102,544
Amortization of gains and losses	131,736	-
Amortization of transition obligation	-	98,272
Total	$ 42,651,680	$ (34,715,635)

The weighted-average assumptions used in the measurement of the Hospital's benefit obligation at September 30, 2013 and 2012 are as follows

	Pension Plans		Postretirement Plan	
	2013	2012	2013	2012
Discount rate	5 00%	4 40%	5 29%	4 40%
Range of expected rate of compensation increase	2 39% to 2 50%	2 43% to 2 50%	-	-

The weighted-average assumptions used in the measurement of the Hospital's net periodic pension cost for the years ended September 30, 2013 and 2012 are as follows

	Pension Plans		Postretirement Plan	
	2013	2012	2013	2012
Discount rate	4 40%	5 40%	5 29%	4 40%
Expected long-term rate of return on plan assets	7 00%	7 00	-	-
Range of expected rate of compensation increase	2 43% to 2 50%	2 43% to 2 50%	-	-

In selecting the expected long-term return on plan assets for the pension plans, the Hospital considered the average rate of earnings on the funds invested or to be invested to provide for the benefits of these plans This included considering the asset allocation and the expected returns likely to be earned over the life of the plans Plan assets are invested in an actively managed portfolio that integrates asset allocation strategies across equity and debt markets within the United States The portfolio objectives include long-term growth, balanced with moderate variability, with an expected shift to assets having a greater fixed income allocation as the plan population ages and nears retirement The use of an appropriate asset management policy combines the various asset pools to ensure flexibility and to adapt to the changing retirement needs of the plan participants The pension plans' objectives are to have approximately 50% of plan assets invested in equities and approximately 45% invested in fixed income securities For the long term, the primary investment objective for the portfolio is to earn the highest possible total return consistent with prudent levels of risk The primary objective overall is to enable the pension plans to meet their future obligations for employee retirement

The pension plans' weighted-average asset allocations at September 30, by asset category, are as follows

	2013	2012
Asset category		
Equity securities	62-63%	55-57%
Debt/fixed income securities	37-38%	43-45%
Total	100%	100%

The following tables summarize instruments measured at fair value on a recurring basis

	September 30, 2013		
	Level 1	Level 2	Assets at Fair Value
Cash and cash equivalents	$ 3,391,000	$ -	$ 3,391,000
Pooled separate accounts			
Money market accounts	-	991,000	991,000
Bond and mortgage accounts	-	62,738,000	62,738,000
Domestic equity accounts	-	46,437,000	46,437,000
Marketable equity securities			
Consumer discretionary	6,781,788	-	6,781,788
Information technology	8,361,212	-	8,361,212
Consumer staples	4,612,669	-	4,612,669
Health care	7,200,636	-	7,200,636
Industrials	6,711,936	-	6,711,936
Energy	4,793,783	-	4,793,783
Materials	2,408,906	-	2,408,906
Other	4,372,827	-	4,372,827
Financials	9,465,448	-	9,465,448
Utilities	955,130	-	955,130
Telecommunications	1,332,708	-	1,332,708
Total	$ 60,388,043	$ 110,166,000	$ 170,554,043

	September 30, 2012		
Cash and cash equivalents	$ 4,179,336	$ -	$ 4,179,336
Real estate investment trust	-	866,762	866,762
Mutual funds, fixed income	-	188,391	188,391
Pooled separate accounts			
Money market accounts	-	995,916	995,916
Bond and mortgage accounts	-	64,791,826	64,791,826
Domestic equity accounts	-	36,026,443	36,026,443
Marketable equity securities			
Consumer discretionary	3,734,768	-	3,734,768
Information technology	7,213,772	-	7,213,772
Consumer staples	3,593,672	-	3,593,672
Health care	4,485,579	-	4,485,579
Industrials	2,910,255	-	2,910,255
Energy	4,358,543	-	4,358,543
Materials	1,558,936	-	1,558,936
Other	5,585,586	-	5,585,586
Financials	5,939,298	-	5,939,298
Utilities	1,221,945	-	1,221,945
Telecommunications	2,589,611	-	2,589,611
Total	$ 47,371,301	$ 102,869,338	$ 150,240,639

There were no Level 3 investments at September 30, 2013 and 2012

The following is a description of the valuation methodologies used for assets measured at fair value There have been no changes in the methodologies used at September 30, 2013 and 2012

Cash and cash equivalents The carrying amounts approximate fair value because of the short maturity of these financial instruments

Marketable equity securities Valued at the closing price reported on the active market on which the individual securities are traded

Pooled separate accounts Valued using the net asset value ("NAV") provided by the administrator of the related fund The NAV is based on the value of the underlying assets owned by the fund minus applicable costs and liabilities and then divided by the number of shares outstanding

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values Furthermore, although the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The Hospital expects to contribute approximately $18,716,000 to the defined benefit plans in 2014

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

Years ending September 30	
2014	$ 6,794,000
2015	7,206,000
2016	7,558,000
2017	8,549,000
2018	8,500,000
2019 - 2023	69,232,000

The weighted-average annual assumed rate of increase in the health care cost trend rate is 7 50% for non-Medicare and 6 00% for Medicare for the year beginning October 1, 2012, and is assumed to decrease to 4 50% for non-Medicare for the year beginning October 1, 2018, and Medicare for the year beginning October 1, 2015 and remain at that level thereafter The health care cost trend rate assumption has a significant effect on the amounts reported for the postretirement benefit plan A one-percentage-point change in the assumed health care cost trend rate would have the following effects

	1% Increase	1% Decrease
Postretirement plan		
Change in total of service and interest cost	$ 536,850	$ (406,922)
Change in postretirement benefit obligation	4,880,009	(3,917,687)

14. Professional and General Liability

The Corporation uses a combination of self-insurance and purchased commercial excess liability insurance to manage exposure to general and professional liability claims The reserve recorded at September 30, 2013 and 2012, includes an amount for asserted, unasserted, and incurred but not reported professional and general liability claims

As the Corporation believes that the amount and timing of its future claims payments are reliably determinable, it discounts the amount accrued for losses resulting from professional liability claims using a weighted average of the trailing return on the lower risk investments in its investment portfolio and the risk-free interest rate corresponding to the timing of expected payments The net present value of the projected payments was discounted using a weighted-average, risk-free rate of 2 5% in 2013 and 2012 This liability is adjusted for new claims information in the period such information becomes known The estimated liability for the self-insured portion of professional and general liability claims was $10,619,000 at September 30, 2013 and $13,923,000 at September 30, 2012 The current portion of the liability for the self-insured portion of professional and general liability claims was $2,013,000 at September 30, 2013 and $2,593,000 at September 30, 2012 Insurance expense includes the losses resulting from professional liability claims and loss adjustment expense, as well as paid excess insurance premiums

The Corporation believes it has adequate self-insurance and insurance coverages and accruals for all asserted claims and it has no knowledge of unasserted claims which would exceed its self-insurance and insurance coverages and accruals

15. Investments in Affiliates

Tri-State MRI

The Hospital has a 50% interest in Tri-State MRI through a general partnership agreement with St Mary's Hospital ("St Mary's") Tri-State MRI was formed for the purpose of acquiring and operating a magnetic resonance imaging unit The Hospital is accounting for its investment in Tri-State MRI under the equity method of accounting

The Hospital's interest in Tri-State MRI is approximately $385,000 at September 30, 2013 and $523,000 at September 30, 2012, and is included in partnership investments in the accompanying consolidated balance sheet Equity losses in Tri-State MRI approximated $138,000 in 2013 and $140,000 in 2012, and are included in equity income (loss) from partnership investments in the accompanying consolidated statement of operations No cash distributions were received from Tri-State MRI by the Hospital in 2013 or 2012

FMS Dialysis Cabell Huntington Dialysis Centers, LLC

During 2009, the Hospital 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 Cabell's hemodialysis operations and related equipment in a purchase transaction totaling $16,923,000 In 2009, the Hospital recorded a gain on the sale of its hemodialysis operations and related equipment totaling approximately $9,200,000 The Hospital also recorded a deferred gain of approximately $7,500,000 in connection with the purchase transaction, which will be amortized to income ratably over ten years The deferred gain approximates $4,130,000 at September 30, 2013 and $4,881,000 at September 30, 2012 and is included in deferred gains in the accompanying consolidated balance sheet

During 2010, the Hospital contributed cash of approximately $456,000 to the Dialysis Centers to fund the acquisition of a dialysis facility in Chesapeake, Ohio In November 2010, the partners of the Dialysis Centers contributed additional capital of approximately $2,100,000 to fund expansion activities, the Hospital's contribution approximated $996,000

Dialysis Centers provides hemodialysis services to dialysis patients residing primarily within the Hospital's service area Equity earnings in Dialysis Centers approximated $1,055,000 in 2013 and $974,000 in 2012, and is included in equity income (loss) from partnership investments in the accompanying consolidated statement of operations Cash distributions received from the Dialysis Centers approximated $517,500 in 2013 and $2,038,500 in 2012 The Hospital's interest in the Dialysis Centers approximated $8,678,000 at September 30, 2013 and $8,171,000 at September 30, 2012, and is included in partnership investments in the accompanying consolidated balance sheet

HealthNet, Inc.

HealthNet, Inc is a West Virginia nonprofit organization that provides aeromedical transportation services to patients The Hospital's ownership is accounted for under the equity method of accounting The Hospital has an affiliate receivable of $1,270,000 at September 30, 2013 and $4,151,000 at September 30, 2012 included in other current assets in the accompanying consolidated balance sheet

16. Operating Leases

The Corporation leases certain equipment, buildings and land under the terms of noncancellable leases expiring on various dates through 2018 These leases generally contain renewal options for periods ranging from one to five years and require the Company to pay all executory costs (property taxes, maintenance and insurance)

In June 2011, the Hospital sold certain medical equipment for $3,597,000 Under the agreement, the Hospital is leasing back the property from the purchaser over a period of 5 years The Hospital is accounting for the leaseback as an operating lease The gain of approximately $60,000 realized in this transaction has been deferred and is being amortized to income in proportion to rent charged over the term of the lease

The schedule of future minimum lease payments under these operating leases as of September 30, 2013 is as follows

Years ending September 30	
2014	$ 2,189,000
2015	1,508,000
2016	923,000
2017	228,000
2018	95,000
Total future minimum lease payments	$ 4,943,000

Rent expense under these leases was approximately $2,195,000 in 2013 and $2,183,000 in 2012

17. Related-Party Transactions

The Hospital participates in various medical education programs and research activities in cooperation with the Marshall University Joan C Edwards School of Medicine (the "School of Medicine") The Hospital recorded expense of approximately $15,213,000 in 2013 and $14,155,000 in 2012, related to these activities, which is included in professional services and other expenses in the accompanying consolidated statement of operations

On July 1, 2013, the Hospital entered into an Academic Medical Center Agreement (the "Agreement") with the School of Medicine and University Physicians & Surgeons, Inc ("UP&S") The Agreement memorialized the past supplemental support provided to the School of Medicine, defines the Academic Medical Center as being comprised of the Hospital, the School of Medicine and UP&S and defines a process for determining support in the future

In 1998, the Marshall University Medical Center opened on the Hospital's campus During 2013, the Hospital opened provider based clinics on its campus for which UP&S provides physician services

18. Functional Expenses

The Corporation provides general acute care and related services to individuals within its geographic region Expenses related to providing these services in 2013 and 2012 are approximately as follows

	2013	2012
Healthcare and other related services	$ 371,159,000	$ 344,336,000
General and administrative	35,284,000	31,536,000
Total	$ 406,443,000	$ 375,872,000

19. Concentration of Credit Risk

The Corporation grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements, primarily with Medicare, Medicaid, and various commercial insurance companies The Corporation maintains allowances for potential credit losses and such losses have historically been within management's expectations

The mix of receivables at September 30, 2013 and 2012 from patients and third-party payors is as follows

	2013	2012
Medicare	16 %	16 %
Medicaid	16	16
Blue Cross	22	19
Commercial/HMO/Other	29	27
Patients	17	22
Total	100 %	100 %

The Corporation maintains cash and cash equivalent accounts which at times may exceed federally insured limits The Corporation has not experienced any losses from maintaining cash equivalents in excess of federally insured limits Management believes it is not subject to significant risks on its cash and cash equivalent accounts

Approximately 40% of the Hospital's employees are covered by a collective bargaining agreement with District 1199, The Health Care and Social Service Union, SEIU, CTW This agreement expires on November 1, 2016

20. Commitments and Contingencies

Physician Guarantees

To entice physicians to relocate to the Huntington, West Virginia area, the Hospital enters into agreements with non-employed physicians to provide income guarantees and signing bonuses The carrying amount of the liability for the Hospital's obligation under these guarantees approximates $1,994,000 at September 30, 2013 and $2,978,000 at September 30, 2012, and is included in accrued professional liability and other in the accompanying consolidated balance sheet When the liability is recorded by the Hospital, a corresponding intangible asset is also recorded and subsequently amortized over the life of the agreement This intangible asset is approximately $3,700,000 at September 30, 2013 and $5,316,000, at September 30, 2012, and is included in other assets, net in the accompanying consolidated balance sheet

Healthcare Industry

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed Management is not aware of any material incidents of noncompliance that have not been provided for in the accompanying consolidated financial statements, however, the possible future financial effects of this matter on the Corporation, if any, are not presently determinable

Litigation

The Corporation is party to several routine lawsuits incidental to its operations, some involving substantial amounts It is not possible at the present time to estimate the ultimate legal and financial liability, if any, of the Corporation with respect to such lawsuits In the opinion of management, based on the advice of legal counsel, adequate insurance or funds held for self-insured matters exist to cover financial exposure, in the event there is any, to the Corporation

Disproportionate Share Hospital State Plan

The State of West Virginia Disproportionate Share Hospital ("DSH") State Plan was amended to provide for a settlement process among participating hospitals The state has not completed a settlement process for the years subsequent to 1996 The Bureau for Medical Services of the State of West Virginia Department of Health and Human Resources has contracted with a third-party vendor to assist with the audit settlement process for the DSH State Plan The laws and regulations governing the DSH settlement process are complex, involving statistical data from all participating hospitals, and subject to interpretation Accordingly, the Corporation is not able to estimate the possible loss or gain that could arise upon completion of the DSH settlement process The results of the resolution of the settlement process could materially impact the Corporation's future results of operations or cash flows in a particular period

21. Restatement

The transfer of building and equipment related to the ECCC, received from the Edwards Foundation in prior years, was misinterpreted as a temporarily restricted contribution and was being released from restriction as the building and equipment were depreciated Accounting principles generally accepted in the United States for healthcare entities state that the expiration of donor-imposed restrictions on long-lived assets shall be recognized when the assets are placed in service rather than as depreciated Accordingly, previously issued financial statements were restated to correct this error The effect of the restatement was to increase unrestricted net assets and decrease temporarily restricted net assets by $31,604,714 as of September 30, 2006, the period in which the error was made

The following is a summary of the effects of the restatement on the consolidated balance sheet as of September 30, 2012 and the consolidated statements of operations and changes in net assets for the year then ended

	As Previously Reported	As Restated
Consolidated Balance Sheet		
Unrestricted net assets, beginning	$ 72,962,145	$ 93,120,967
Unrestricted net assets, ending	72,482,176	91,712,538
Temporarily restricted net assets, beginning	30,456,185	10,297,363
Temporarily restricted net assets, ending	29,732,474	10,502,112
Consolidated Statement of Operations		
Net assets released from restrictions for Edwards Comprehensive Cancer Center	928,460	-
Decrease in unrestricted net assets	(479,969)	(1,408,429)
Consolidated Statement of Changes in Net Assets		
Unrestricted net assets		
Net assets released from restrictions for Edwards Comprehensive Cancer Center	928,460	-
Decrease in unrestricted net assets	(479,969)	(1,408,429)
Temporarily restricted net assets		
Net assets released from restrictions	(1,782,679)	(854,219)
(Decrease) increase in temporarily restricted net assets	(723,711)	204,749

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidating Schedule, Balance Sheet
September 30, 2013

	Cabell Huntington Hospital, Inc	Mountain Regional Services, Inc	Cabell Huntington Hospital Foundation, Inc	CHH-Cabell Development Group	Occumed, LLC	Cabell Huntington Hospital Auxiliary, Inc	Consolidation Eliminations	Consolidated
Assets								
Current Assets								
Cash and cash equivalents	$ 71,286,831	$ 25,948	$ 5,083,960	$ 54,663	$ 73,728	$ 290,473	$ -	$ 76,815,603
Patients accounts receivable, net	67,243,592	-	-	-	-	-	-	67,243,592
Inventories, prepaid expenses, and other receivables	7,737,154	66,155	1,331,048	40,251	4,417	203,118	(61,149)	9,320,994
Estimated third-party payor settlements	7,566,324	-	-	-	-	-	-	7,566,324
Other current assets	4,568,808	-	-	-	-	-	(1,120,393)	3,448,415
Total current assets	158,402,709	92,103	6,415,008	94,914	78,145	493,591	(1,181,542)	164,394,928
Investments								
Board designated	123,706,829	-	-	-	-	-	-	123,706,829
Funds held by Foundation	-	-	4,172,369	-	-	-	-	4,172,369
Total investments	123,706,829	-	4,172,369	-	-	-	-	127,879,198
Property and Equipment, Net	181,586,062	314,341	-	966,891	1,543,138	12,334	-	184,422,766
Partnership Investments	9,013,890	-	-	-	-	-	61,149	9,075,039
Other Assets, Net	9,617,629	-	802,016	-	-	-	-	10,419,645
Total assets	$ 482,327,119	$ 406,444	$ 11,389,393	$ 1,061,805	$ 1,621,283	$ 505,925	$ (1,120,393)	$ 496,191,576

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidating Schedule, Balance Sheet
September 30, 2013

	Cabell Huntington Hospital, Inc	Mountain Regional Services, Inc	Cabell Huntington Hospital Foundation, Inc	CHH-Cabell Development Group	Occumed, LLC	Cabell Huntington Hospital Auxiliary, Inc	Consolidation Eliminations	Consolidation Consolidated
Liabilities and Net Assets								
Current Liabilities								
Lines of credit	$ -	$ -	$ -	$ -	$ 383,637	$ -	$ -	$ 383,637
Current maturities of long-term debt	4,625,421	-	-	-	1,045,772	-	-	5,671,193
Accounts payable	7,344,318	-	-	5,489	-	64,863	-	7,414,670
Accrued expenses	38,137,120	126,123	552,664	33,835	538,454	4,932	(1,120,393)	38,272,735
Estimated third-party payor settlements	1,998,698	-	-	-	-	-	-	1,998,698
Current portion of estimated professional liabilities	2,013,000	-	-	-	-	-	-	2,013,000
Total current liabilities	54,118,557	126,123	552,664	39,324	1,967,863	69,795	(1,120,393)	55,753,933
Long-Term Debt	114,828,446	-	-	-	-	-	-	114,828,446
Derivative Financial Instruments	12,265,103	-	-	-	-	-	-	12,265,103
Deferred Gains	4,162,208	-	-	-	-	-	-	4,162,208
Accrued Professional Liability and Other	10,996,191	-	-	-	-	-	-	10,996,191
Accrued Pension and Postretirement Liabilities	121,814,346	-	-	-	-	-	-	121,814,346
Total liabilities	318,184,851	126,123	552,664	39,324	1,967,863	69,795	(1,120,393)	319,820,227
Net Assets								
Controlling interest	164,142,268	280,321	836,313	439,667	(237,061)	436,130	-	165,897,638
Noncontrolling interest	-	-	-	582,814	(109,519)	-	-	473,295
Total unrestricted	164,142,268	280,321	836,313	1,022,481	(346,580)	436,130	-	166,370,933
Temporarily restricted	-	-	10,000,416	-	-	-	-	10,000,416
Total net assets	164,142,268	280,321	10,836,729	1,022,481	(346,580)	436,130	-	176,371,349
Total liabilities and net assets	$ 482,327,119	$ 406,444	$ 11,389,393	$ 1,061,805	$ 1,621,283	$ 505,925	$ (1,120,393)	$ 496,191,576

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidating Schedule, Statement of Operations
Year Ended September 30, 2013

	Cabell Huntington Hospital, Inc	Mountain Regional Services, Inc	Cabell Huntington Hospital Foundation, Inc	CHH-Cabell Development Group	Occumed, LLC	Cabell Huntington Hospital Auxiliary, Inc	Consolidation Eliminations	Consolidation Consolidated
Unrestricted Revenues								
Patient service revenues (net of contractual allowances and discounts)	$ 458,089,138	$ -	$ -	$ -	$ 1,799,758	$ -	$ -	$ 459,888,896
Provision for bad debts	(47,648,428)	-	-	-	-	-	-	(47,648,428)
Net patient service revenues	410,440,710	-	-	-	1,799,758	-	-	412,240,468
Other revenues, including net assets released from restrictions used for operations	4,429,208	66,353	1,964,401	217,568	-	987,023	-	7,664,553
Total unrestricted revenues	414,869,918	66,353	1,964,401	217,568	1,799,758	987,023	-	419,905,021
Expenses								
Salaries and wages	137,028,508	-	289,839	-	1,133,460	-	-	138,451,807
Employee benefits	58,774,539	-	-	-	184,517	-	-	58,959,056
Supplies	66,108,403	-	-	-	82,865	8,262	-	66,199,530
Professional services	44,054,361	-	-	3,809	143,455	-	-	44,201,625
Maintenance and repairs	10,086,491	-	-	-	9,747	-	-	10,096,238
Interest	5,697,899	-	-	-	92,025	-	-	5,789,924
Depreciation and amortization	16,342,195	11,065	-	53,034	57,327	3,547	-	16,467,168
Provider tax	10,458,044	-	-	-	-	-	-	10,458,044
Insurance	7,136,574	-	-	-	6,359	-	-	7,142,933
Other	47,461,448	144,180	175,194	3,910	116,882	774,974	-	48,676,588
Total expenses	403,148,462	155,245	465,033	60,753	1,826,637	786,783	-	406,442,913
Operating income (loss)	11,721,456	(88,892)	1,499,368	156,815	(26,879)	200,240	-	13,462,108
Other Income (Loss)								
Investment income	11,050,579	275,714	66,311	-	-	-	-	11,392,604
Change in fair value of derivative financial instruments	6,944,213	-	-	-	-	-	-	6,944,213
Equity income from partnership investments	969,948	-	-	-	-	-	-	969,948
Revenues in excess of (less than) expenses	30,686,196	186,822	1,565,679	156,815	(26,879)	200,240	-	32,768,873
Pension and Post-Retirement Liabilities Adjustment	42,651,680	-	-	-	-	-	-	42,651,680
Equity Distributions	-	(300,665)	-	(205,055)	-	-	-	(505,720)
Other Changes in Unrestricted Net Assets	(229,622)	-	17,887	-	-	-	(44,703)	(256,438)
Transfers from (to) Affiliates	1,505,672	-	(1,505,672)	-	-	-	-	-
Increase (decrease) in unrestricted net assets	$ 74,613,926	$ (113,843)	$ 77,894	$ (48,240)	$ (26,879)	$ 200,240	$ (44,703)	$ 74,658,395