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Part IIISTatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

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

2Did 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

3Did 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

4Describe 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 \$376,976,357including grants of \$(Revenue \$486,834,982)

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 303 BEDS AND STAFFED OVER 2,700 INDIVIDUALS DURING FISCAL YEAR 2014, 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 ON JUNE 17, 2014, THE HOSPITAL OPENED ITS FIRST PHASE OF CONSTRUCTION OF THE CHILDREN'S HOSPITAL, A HOSPITAL WITHIN A HOSPITAL THIS PHASE OPENED TREATMENT, PROCEDURE, AND PLAY ROOMS, AS WELL AS THE FIRST 8 PATIENT READY ROOMS WHEN FINISHED, IT WILL BE A 72 BED FACILITY WITH 36 BEDS IN THE LEVEL III NEONATAL INTENSIVE CARE UNIT, 26 BEDS IN THE GENERAL PEDIATRICS UNIT, AND 10 BEDS IN THE PEDIATRIC INTENSIVE CARE UNIT THE HOSPITAL IS GOVERNED BY A VOLUNTARY BOARD OF INDEPENDENT CITIZENS OF THE COMMUNITY DURING THE FISCAL YEAR 2014, THE HOSPITAL PROVIDED SERVICES TO 18,483 INPATIENTS, WHICH RESULTED IN PROVIDING 91,116 DAYS OF CARE THE ORGANIZATION ALSO PROVIDED CARE TO 598,316 OUTPATIENTS THIS INCLUDED 62,267 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 22,082 OUTPATIENT SURGICAL PROCEDURES AND 21,203 HOME HEALTH VISITS

4b(Code)(Expenses \$45,024,199including grants of \$(Revenue \$87,504)

CABELL HUNTINGTON HOSPITAL IS VERY INVOLVED WITH THE COMMUNITY IT SERVES DURING THE FISCAL YEAR 2014, IT HELD OVER 400 EVENTS, INCLUDING HEALTH SCREENINGS, EDUCATION OUTREACH, HEALTH FAIRS, AND COMMUNITY TRAINING MORE THAN 9,500 PEOPLE ATTENDED THESE EVENTS THE COSTS ASSOCIATED WITH THESE ACTIVITIES IS \$107,925 THE ORGANIZATION ALSO GIVES TO THE COMMUNITY BY PARTICIPATING IN HUNTINGTON'S KITCHEN PROGRAM THAT PROMOTES HEALTHY EATING LIFESTYLES IT ALSO PROMOTES KIDS HEALTHY EXERCISE BY PARTNERING WITH THE HUNTINGTON MALL TO PROVIDE A HEALTHY KIDS PLAYGROUND DURING THE FISCAL YEAR 2014, CABELL HUNTINGTON HOSPITAL BEGAN SUPPORTING KIDS IN MOTION WITH THE LOCAL YMCA THIS PROGRAM HAS THE GOAL OF GETTING KIDS AGES 5-17 MOVING AND HAVING FUN IN ORDER TO REDUCE CHILDHOOD OBESITY THE KIDS WILL LEARN ABOUT PHYSICAL FITNESS AS WELL AS NUTRITION 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 WAS \$17,047,255 (WHICH IS NETTED AGAINST REVENUES) AND BAD DEBT EXPENSE WAS \$44,828,770 THE HOSPITAL CONSIDERS ALL OF THIS A COMMUNITY SERVICE

4c(Code)(Expenses \$17,338,229including grants of \$(Revenue \$9,441,458)

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 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 2014, 170 INTERNS, FELLOWS, AND RESIDENTS ROTATED THROUGH THE HOSPITAL

4dOther program services (Describe in Schedule O)

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

4eTotal program service expenses 39,338,785

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	No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	18	
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
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	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
11b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 25701 (304) 526-2000

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

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** 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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	5,936,109	0	1,124,257

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 191

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 AND SURGEONS, 1600 MEDICAL CENTER DRIVE HUNTINGTON WV 25701	MEDICAL SERVICES	27,650,988
BAILES CRAIG AND YON, 401 TENTH STREET HUNTINGTON WV 25701	LEGAL SERVICES	1,394,158
RADIOLOGY INC, PO BOX 910 HUNTINGTON WV 25712	RADIOLOGY SERVICES	732,356
TRI-STATE REHABILITATION, 224 BUCKSAW JUNCTION GRAYSON KY 41143	MEDICAL SERVICES	504,735
IMRAN KHAWAJA MD, 130 LESLIE PLACE SCOTT DEPOT WV 25560	MEDICAL SERVICES	483,278

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 ▶25

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d	450,000					
	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		450,000					
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 621990	474,160,963	474,160,963				
	b	LABORATORY REVENUE	621500	11,771,623	11,571,776	199,847			
	c	AEROMED INCOME	621990	-1,129,986	-1,129,986				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		484,802,600					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,855,355		-5,818	4,861,173	
4		Income from investment of tax-exempt bond proceeds		0					
5		Royalties		0					
6a		Gross rents	(i) Real	(ii) Personal					
			395,639						
			b	Less rental expenses	183,333				
			c	Rental income or (loss)	212,306	0			
d		Net rental income or (loss)		212,306	212,306				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			143,706,859	773,711					
			b	Less cost or other basis and sales expenses	133,599,918	0			
			c	Gain or (loss)	10,106,941	773,711			
d		Net gain or (loss)		10,880,652			10,880,652		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
b		Less direct expenses	b						
c		Net income or (loss) from fundraising events		0					
9a		Gross income from gaming activities See Part IV, line 19	a						
b		Less direct expenses	b						
c		Net income or (loss) from gaming activities		0					
10a		Gross sales of inventory, less returns and allowances	a						
b		Less cost of goods sold	b						
c		Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code							
11a	CAFETERIA	624200	1,836,401			1,836,401			
b	OUTSIDE SERVICES	621990	1,923,936	1,923,936					
c	OTHER REVENUE	621990	705,110	34,365	670,745				
d	All other revenue								
e	Total. Add lines 11a-11d		4,465,447						
12	Total revenue. See Instructions		505,666,360	486,773,360	864,774	17,578,226			

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	9,528,962	9,528,962		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,833,108	501,989	4,331,119	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	142,320,129	127,628,212	14,691,917	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	17,750,789	15,975,710	1,775,079	
9	Other employee benefits.	31,086,446	27,834,035	3,252,411	
10	Payroll taxes.	10,239,466	9,215,519	1,023,947	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,457,105		1,457,105	
c	Accounting.	183,064		183,064	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	596,638		596,638	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	67,508,018	60,757,216	6,750,802	
12	Advertising and promotion.	4,469,086	4,469,086		
13	Office expenses.	2,558,830	2,302,947	255,883	
14	Information technology.	3,415,871	3,074,284	341,587	
15	Royalties.	0			
16	Occupancy.	21,273,540	15,955,155	5,318,385	
17	Travel.	590,480	531,513	58,967	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	5,420,487	4,065,365	1,355,122	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	15,273,626	13,746,263	1,527,363	
23	Insurance.	2,754,141	2,478,727	275,414	
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	BAD DEBT	44,828,770	44,828,770		
b	MEDICAL SUPPLIES	72,472,307	72,472,307		
c	PROVIDER TAX	9,773,062	9,773,062		
d	UNRELATED BUSINESS INCOME	53,905	53,905		
e	All other expenses	14,145,758	14,145,758		
25	Total functional expenses. Add lines 1 through 24e.	482,533,588	439,338,785	43,194,803	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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,377	1	4,377
	2	Savings and temporary cash investments		71,282,454	2	60,339,517
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		67,243,592	4	72,339,511
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		3,700,444	7	4,778,477
	8	Inventories for sale or use		6,030,701	8	7,434,449
	9	Prepaid expenses and deferred charges		1,706,453	9	1,926,858
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a429,576,842			
	b	Less: accumulated depreciation	10b234,022,959	181,586,062	10c	195,553,883
	11	Investments—publicly traded securities		123,706,828	11	134,938,743
	12	Investments—other securities. See Part IV, line 11.		9,013,890	12	9,049,750
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		3,631,000	14	3,650,105
	15	Other assets. See Part IV, line 11.		14,421,318	15	24,054,720
	16	Total assets. Add lines 1 through 15 (must equal line 34).		482,327,119	16	514,070,390
Liabilities	17	Accounts payable and accrued expenses		45,481,439	17	54,304,738
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		116,934,869	20	113,241,795
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		2,676,346	23	1,746,949
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		153,092,197	25	179,607,144
	26	Total liabilities. Add lines 17 through 25.		318,184,851	26	348,900,626
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		164,142,268	27	165,169,764
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	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		164,142,268	33	165,169,764
	34	Total liabilities and net assets/fund balances		482,327,119	34	514,070,390

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	505,666,360
2	Total expenses (must equal Part IX, column (A), line 25)	2	482,533,588
3	Revenue less expenses Subtract line 2 from line 1	3	23,132,772
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	164,142,268
5	Net unrealized gains (losses) on investments	5	-1,963,744
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	-20,141,532
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	165,169,764

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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			
STEVEN L BURTON	2 0	X		X						
CHAIRMAN	0 0									
CARLOYN BAGBY	2 0	X		X						
VICE-CHAIRMAN	0 0									
BETH HAMMERS	2 0	X		X						
SECRETARY	0 0									
GARY WHITE	2 0	X		X						
TREASURER	0 0									
DAVID PORTER MD	2 0	X								
	0 0									
MARIAN COX	2 0	X								
	0 0									
TIM MILNE	2 0	X								
	0 0									
GERALD OAKLEY MD	2 0	X								
	0 0									
LARRY DIAL MD	2 0	X								
	0 0									
CLARA ROSE SADLER	2 0	X								
	0 0									
VICKIE SMITH	2 0	X								
	0 0									
JOE WERTHAMMER MD	2 0	X								
	0 0									
EDUARDO PINO MD	2 0	X								
	0 0									
CLARENCE MARTIN	2 0	X								
	0 0									
JOHN LANDERS	2 0	X								
	0 0									
RANDIE LAWSON	2 0	X								
	0 0									
ANTHONY STRADWICK	2 0	X								
	0 0									
JOHN LILLER	2 0	X								
	0 0									
PETER CHIRICO THRU JAN 2014	2 0	X								
	0 0									
FLOYD HARLOW THRU JAN 2014	2 0	X								
	0 0									
DAVID FOX THRU JAN 2014	2 0	X								
	0 0									
SAMUEL MOORE THRU JAN 2014	2 0	X								
	0 0									
BRENT MARSTELLER	45 0			X				904,679	0	108,091
PRESIDENT & CEO	0 0									
DAVID M WARD	45 0			X				381,699		146,717
SR VP & CFO	0 0									
HOYT BURDICK	45 0			X						
SR VP & MEDICAL AFFAIRS	0 0							368,232		94,620

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☒	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 ¹ / ₃ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 ¹ / ₃ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 CABELL HUNTINGTON HOSPITAL INC	Employer identification number 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		30,139
j	Total. Add lines 1c through 1i.			30,139
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION IS A MEMBER OF THE WEST VIRGINIA HOSPITAL ASSOCIATION (WVHA), WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBERS. A PORTION OF THE DUES PAID TO WVHA HAVE BEEN ALLOCATED TO LOBBYING ACTIVITIES, WHICH AMOUNTED TO \$30,139. THIS ASSOCIATION PROVIDES BOTH ADVOCACY AND REPRESENTATION FOR ITS MEMBERS. SPECIFIC INFORMATION REGARDING THE ADVOCACY AGENDAS OF THE ASSOCIATION CAN BE VIEWED AT THEIR WEBSITE, WWW.WVHA.ORG.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization CABELL HUNTINGTON HOSPITAL INC	Employer identification number 55-0675666
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ 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	b (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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

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		200,272,330	45,009,317	155,263,013
c Leasehold improvements				
d Equipment		193,786,871	187,853,249	5,933,622
e Other		29,102,050	1,160,393	27,941,657
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				195,553,883

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	437,685,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	-68,164,124
a	Net unrealized gains on investments	2a	-1,963,744
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-66,200,380
e	Add lines 2a through 2d	2e	-68,164,124
3	Subtract line 2e from line 1	3	505,849,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	-183,333
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-183,333
c	Add lines 4a and 4b	4c	-183,333
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	505,666,360

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	436,658,075
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	183,333
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	183,333
e	Add lines 2a through 2d	2e	183,333
3	Subtract line 2e from line 1	3	436,474,742
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	46,058,846
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	46,058,846
c	Add lines 4a and 4b	4c	46,058,846
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	482,533,588

Part XIII

Supplemental Information

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

Return Reference	Explanation
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 2014 AND 2013. THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS AS INTEREST EXPENSE AND PENALTIES AS OPERATING EXPENSES.
PART XI, LINE 2D	INCREASE IN PENSION LIABILITY INCLUDED ON AFS IS \$-25,142,131. INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS IS \$-596,638. BAD DEBTS NETTED WITH REVENUE ON AFS IS \$-44,828,770. RENTAL INCOME RECLASSIFIED TO RENTAL EXPENSES ON FORM 990 IS \$37,307. CHANGE IN EFFECTIVE INTEREST RATE SWAP NETTED WITH REVENUE ON AFS IS \$-268,945. NET ASSETS RELEASED FROM RESTRICTION \$5,269,542. MANAGEMENT FEE REVENUE NETTED WITH EXPENSES IS \$-670,745.
PART XI, LINE 4B	RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 IS \$-183,333.
PART XII, LINE 2D	RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 IS \$183,333.
PART XII, LINE 4B	INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS IS \$596,638. BAD DEBTS NETTED WITH REVENUE ON AFS IS \$44,828,770. RENTAL INCOME RECLASSIFIED TO RENTAL EXPENSES ON FORM 990 IS \$-37,307. MANAGEMENT FEE REVENUE NETTED WITH EXPENSES IS \$670,745.

[illegible]

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

OMB No 1545-0047

2013

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 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	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	No
b	If "Yes," did the organization make it available to the public?	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7

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)			8,724,346	0	8,724,346	1 810 %
b Medicaid (from Worksheet 3, column a)			140,357,423	91,286,529	49,070,894	10 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			149,081,769	91,286,529	57,795,240	11 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			107,925	0	107,925	0 020 %
f Health professions education (from Worksheet 5)			15,752,644	2,719,224	13,033,420	2 710 %
g Subsidized health services (from Worksheet 6)			28,769,072	27,598,397	1,170,675	0 240 %
h Research (from Worksheet 7)			402,240	63,551	338,689	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			45,031,881	30,381,172	14,650,709	3 040 %
k Total. Add lines 7d and 7j			194,113,650	121,667,701	72,445,949	15 030 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			25,000	0	25,000	0.010 %
3Community support			50,000	0	50,000	0.010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			343,721	0	343,721	0.070 %
8Workforce development						
9Other			62,559	0	62,559	0.010 %
10Total			481,280	0	481,280	0.100 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

15,223,850

3Enter 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

2,283,577

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

100,696,961

6Enter Medicare allowable costs of care relating to payments on line 5.

6

128,127,054

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-27,430,093

8Describe 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

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

9a

Yes

bIf "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 IVManagement 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 OCCUMED LLC	OCCUPATIONAL HLTH/URGENT CARE	68.460 %		31.540 %
2 HUNTINGTON SURGERY P	REAL ESTATE/LEASE TO SURG CTR	44.000 %		56.000 %
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, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

CABELL HUNTINGTON HOSPITAL INC

Name of hospital facility or facility reporting group

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

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
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 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>WWW.CHHI.ORG</u>		
b ☐ Other website (list url) _____		
c ☒ Available upon request from the hospital facility		
d ☐ 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 as of the end of the tax year)		
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? If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	☒ Income level		
b	☐ Asset level		
c	☒ Medical indigency		
d	☐ Insurance status		
e	☒ Uninsured discount		
f	☒ Medicaid/Medicare		
g	☐ State regulation		
h	☐ Residency		
i	☐ 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
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 individual'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 Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Section C)		

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 individuals regarding the individuals' bills

d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V Facility Information *(continued)*

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

[illegible]

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **12**

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	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

Form and Line Reference	Explanation
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 \$44,828,769

Form and Line Reference	Explanation
PART II	THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED IN PART II, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES DURING FY 2014, THE HOSPITAL COMMUNITY BUILDING ACTIVITIES REACHED OUT TO OVER 49,000 INDIVIDUALS WITHIN THE DIRECT 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 ACTIVITIES WITH THE FOLLOWING OBJECTIVES IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, RELIEVING GOVERNMENT BURDEN, MAKING HEALTHCARE AVAILABLE TO THE PUBLIC AND SERVICING 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 EMPLOY THE PEOPLE IN THE COMMUNITY AND WILL PROVIDE BETTER HEALTHCARE BENEFITS, MARSHALL UNIVERSITY FOUNDATION CONTRIBUTIONS TO PROMOTE HIGHER EDUCATION AND HEALTHIER WELL-BEING, RONALD MCDONALD HOUSE TO HELP PROVIDE TEMPORARY HOUSING FOR PARENTS OF PEDIATRIC PATIENTS, PAUL AMBROSE WALKING TRAIL TO PROMOTE EXERCISE AND HEALTHY LIFESTYLES, EBENEZER MEDICAL OUTREACH PROGRAM TO ASSIST THOSE WHO CANNOT AFFORD NEEDED MEDICATIONS, CONTINUE HOUSING A FREE CLINIC TO SERVE THE COMMUNITY, HUNTINGTON'S KITCHEN TO PROMOTE HEALTHY EATING HABITS, AND CHILDREN'S PLAY PLACE TO PROVIDE A SAFE ENVIRONMENT FOR CHILDREN IN THE COMMUNITY TO EXERCISE

Form and Line Reference	Explanation
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 RECEIVABLES 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 DOUBTFUL ACCOUNTS 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 LOOKING AT THE HISTORICAL PERCENTAGES OF UNINSURED AND SELF INSURED PATIENTS IN OUR COMMUNITY SERVED THIS PERCENTAGE IS A DECREASE FROM PRIOR YEAR DUE TO MORE PATIENTS SIGNING UP FOR MEDICAID DUE TO THE AFFORDABLE CARE ACT 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

Form and Line Reference	Explanation
PART III, LINE 8	BECAUSE THE HOSPITAL IS A COMMUNITY BASED TEACHING HOSPITAL AND SERVES 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 ARE INCLUDED IN LINES 7F AND 7G

Form and Line Reference	Explanation
PART III, LINE 9B	BECAUSE THE HOSPITAL IS A COMMUNITY BASED TEACHING HOSPITAL AND SERVES THE COMMUNITY WITHOUT REGARD TO ABILITY TO PAY, THIS AMOUNT SHOULD BE CONSIDERED A COMMUNITY BENEFIT THE EXPENSES ALLOCATED TO THE MEDICARE REVENUE AND DERIVED FROM THE MEDICARE COST REPORT AND ARE ALLOCATED TO CARRIER BY GROSS CHARGE RATIO AFTER THEY ARE ADJUSTED FOR COSTS ARE INCLUDED IN LINES 7F AND 7G

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	AN ASSESSMENT SURVEY COLLECTED INFORMATION FROM CITIZENS IN EACH OF THE FOUR COUNTIES INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART VI, LINE 2	THE HOSPITAL ASSESSES 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 THAT 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 THE 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, HTTPS //CABELLHUNTINGTON ORG

Form and Line Reference	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 RESPONDING TO INQUIRIES FROM OUTPATIENTS REGARDING CHARITY CARE AND PROVIDING 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, HTTPS://CABELLHUNTINGTON.ORG

Form and Line Reference	Explanation
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 CONTAIN 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

Form and Line Reference	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 PRIVILEGES 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 D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
CABELL HUNTINGTON SURGERY CENTER 1201 HAL GREER BLVD HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
CABELL HUNTINGTON PAIN MANAGEMENT CENTER 1634 13TH AVENUE HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
CABELL BREAST HEALTH CENTER 1400 HAL GREER BLVD HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
COOK EYE CENTER 1300 THIRD AVENUE HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
WOMEN'S HEALTH 1660 TWELFTH AVENUE HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
WOMEN'S & FAMILY MEDICAL CENTER 1115 20TH STREET HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
FAMILY MEDICAL CENTER KENOVA 750 OAK STREET KENOVA, WV 25430	OUTPATIENT SURGERY CENTER
CENTER FOR SURGICAL WEIGHT CONTROL 1115 20TH STREET HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
FAMILY MEDICAL CENTER MERRITTS CREEK 100 MEADOW POINTE BARBOURSVILLE, WV 25504	OUTPATIENT SURGERY CENTER
CABELL PEDIATRICS 1115 20TH STREET HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
CABELL HUNTINGTON BALANCE CENTER 1616 13TH AVENUE HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
FAMILY MEDICAL CENTER PROCTORVILLE 7718 COUNTY ROAD 107 SUITE 100 PROCTORVILLE, OH 45669	OUTPATIENT SURGERY CENTER

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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 AVENUE HUNTINGTON, WV 25701	55-0745033	501(C)(3)	50,004		FMV		MEDICAL/PHARMACY OUTREACH
(2) HUNTINGTON YMCA 935 TENTH AVENUE HUNTINGTON, WV 25701	55-0397261	501(C)(3)	37,500		FMV		KID'S IN MOTION PROGRAM
(3) MARSHALL UNIVERSITY ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25701	55-6000789	501(C)(3)	9,441,458		FMV		MEDICAL SCHOOL

2

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

3

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

Return Reference	Explanation
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 1, 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

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 directors, trustees, officers, including 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 ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" 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

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

Return Reference	Explanation
PART 1, 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 1, LINE 4B	A 457(F) PLAN EXISTS FOR EXECUTIVES OF THE ORGANIZATION. A PAYMENT OF \$161,438 WAS MADE TO THE CEO DURING THE FISCAL YEAR. NO OTHER PAYMENTS OR ACCRUALS WERE MADE FROM THE PLAN.
PART 1, 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

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 PRESIDENT & CEO	(i) (ii)	537,879 0	189,420	177,380	87,573	20,518	1,012,770 0	
DAVID M WARD SR VP & CFO	(i) (ii)	313,450	67,073	1,176	134,600	12,117	528,416	
HOYT BURDICK SR VP & MEDICAL AFFAIRS	(i) (ii)	317,318	49,876	1,038	74,102	20,518	462,852	
GLEN WASHINGTON SR VP & COO	(i) (ii)	280,752	52,246	1,038	45,345	20,518	399,899	
PAUL SMITH VP GENERAL COUNCIL	(i) (ii)	204,077	27,754	1,038	110,148	11,546	354,563	
ROSEMARY SMITH VP NURSING SERVICES	(i) (ii)	198,474	28,338	1,176	114,140	11,280	353,408	
BARRY TOURIGNY VP HUMAN RESOURCES	(i) (ii)	222,038	31,509	1,038	36,153	20,211	310,949	
DAVID GRALEY VP CHH FOUNDATION	(i) (ii)	219,880	57,351	1,176	41,187	20,211	339,805	
DENNIS LEE VP CIO	(i) (ii)	177,226	30,360	840	6,258	20,211	234,895	
LISA CHAMBERLIN VP MARKETING & BUSINESS DEV	(i) (ii)	174,519		840	5,145	20,211	200,715	
TIM MARTIN VP ANCILLARY & SUPPORT	(i) (ii)	164,138	8,279	615	11,437	20,211	204,680	
JOANNE MCAULIFFETHRU 614 VP CNO	(i) (ii)	140,507	12,500	712	3,483	15,179	172,381	
AHMET OZTURK ANESTHESIOLOGIST	(i) (ii)	552,109		396	21,500	20,518	594,523	
REHAN MEMON THRU 1213 ANESTHESIOLOGIST	(i) (ii)	438,688					438,688	
MICHAEL VEGA ANESTHESIOLOGIST	(i) (ii)	413,376		138	40,785	20,518	474,817	
ALFREDO RIVAS ANESTHESIOLOGIST	(i) (ii)	411,132		1,236	42,832	20,518	475,718	
MICKEY NEAL ANESTHESIOLOGIST	(i) (ii)	395,276		396	49,718	20,518	465,908	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

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

OMB No 1545-0047

2013

Open to Public Inspection

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 THE CITY OF HUNTINGTON WV 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		4,100,000		2,006,840		1,459,725	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	48,480,000		48,475,000		14,415,000		9,685,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	806,255		0		127,348		87,796	
8	Credit enhancement from proceeds	644,009		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		9,597,204	
11	Other spent proceeds	0		0		14,287,652		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion								
		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?								X
c	Are there any research agreements that may result in private business use of bond-financed property?		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	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		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?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		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?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	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		0			
c	Term of hedge	25 8		25 8					
d	Was the hedge superintegrated?		X		X				
e	Was the 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		
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990)	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. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2013
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization CABELL HUNTINGTON HOSPITAL INC	Employer identification number 55-0675666
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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	931,086							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	6,500,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	62,856							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	5,384,787							
11	Other spent proceeds	1,052,357							
12	Other unspent proceeds	0							
13	Year of substantial completion								
		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 ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
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?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

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?								
b	Exception to rebate?	X							
c	No rebate due?								
	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	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
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
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. Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493225031085	
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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047
					2013 Open to Public Inspection
Name of the organization CABELL HUNTINGTON HOSPITAL INC				Employer identification number 55-0675666	

990 Schedule O, Supplemental Information

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 ORGANIZATIONS BYLAWS SPECIFICALLY ALLOW OUTSIDE ENTITIES TO APPOINT INDIVIDUALS TO THE BOARD OF DIRECTORS THE MAYOR OF THE CITY OF HUNTINGTON CAN APPOINT THREE MEMBERS, THE CA BELL COUNTY COMMISSION CAN APPOINT THREE MEMBERS, AND THE ORGANIZED LABOR UNION CAN APPOIN T TWO MEMBERS THE CHAIRMAN OF THE BOARD MAY ALSO APPOINT FOUR DIRECTORS WITH MAJORITY APP ROVAL 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 ANALY SIS 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 PH ILOSOPHY ESTABLISHED BY THE BOARD THE COMPENSATION COMMITTEE HAS ENGAGED THE OUTSIDE CONS ULTING FIRM OF YAFFE AND ASSOCIATES, A FIRM WHICH SPECIALIZES IN ANALYZING NON-PROFIT EXEC UTIVE COMPENSATION THE OUTSIDE CONSULTING FIRM PERIODICALLY PROVIDES THE COMMITTEE WITH R ELEVANT DATA CONCERNING THE COMPENSATION LEVELS OF EXECUTIVES OF HOSPITALS SIMILAR IN SIZE TO THE ORGANIZATION AND IN COMPARABLE GEOGRAPHIC AREAS THE COMPENSATION COMMITTEE CONSID ERS THIS DATA TOGETHER WITH THE EXTENT TO WHICH PRE-ESTABLISHED GOALS HAVE BEEN ACCOMPLISH ED AND THE FINANCIAL PERFORMANCE OF THE HOSPITAL AND ESTABLISHES THE COMPENSATION LEVEL FO R THE CHIEF EXECUTIVE OFFICER THIS INFORMATION, AS WELL AS THE RECOMMENDATION OF THE CHIE F EXECUTIVE OFFICER IS CONSIDERED BY THE COMPENSATION COMMITTEE IN ESTABLISHING THE COMPEN SATION OF THE CHIEF OPERATION 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 BE ALSO FOUND ON GUIDESTAR
FORM 990, PART IX, LINE 11G	OUTSIDE PHY SICIANS FEES \$30,442,699, MISCELLANEOUS MEDICAL CONSULTING \$27,152,625, COLLECT ION SERVICES \$1,488,076, ANESTHESIA MANAGEMENT \$1,332,442, VARIOUS OUTSIDE LABOR \$7,092,17 6
FORM 990, PART XI, LINE 9	INCREASE IN PENSION LIABILITY \$-25,142,130, CHANGE IN EFFECTIVE INTEREST RATE SWAP \$-268,9 45, AND NET ASSETS RELEASED FROM RESTRICTIONS \$5,269,543
FORM 990, PART XII, LINE 2C	THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

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" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CABELL HUNTINGTON HOSPITAL FOUNDATION IN PO BOX 1427 HUNTINGTON, WV 25716 31-1096222	FUNDRAISING	WV	501(C)(3)	LINE 7	CHH INC	Yes	
(2) CABELL HUNTINGTON HOSPITAL AUXILIARY INC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-6014510	FUNDRAISING	WV	501(C)(3)	LINE 11A,I	CHH INC	Yes	
(3) PLEASANT VALLEY MEDICAL GROUP INC 2520 VALLEY DRIVE POINT PLEASANT, WV 25550 47-1358788	HEALTH SERVIC	WV	501(C)(3)	170(B)	CHH INVPVH	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	MRI CENTER	WV	CHH INC	RELATED	-131,589	412,097		No		Yes		50 000 %
(2) OCCUMED LLC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 43-2093064	URGENT CARE CTR	WV	CHH INC	RELATED	-76,035	912,166		No		Yes		68 460 %
(3) HUNT SURG PROP LP 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-0647723	REAL ESTATE SURGE	WV	CHH INC	RELATED	83,283	543,465		No			No	41 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHH-CABELL DEVELOPMENT CORPORATION 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 62-1184183	OPERATES SURGERY	WV	CHH INC	C	2,059	-49,979	51 000 %		No
(2) MOUNTAIN REGIONAL SERVICES INC PO BOX 636 HUNTINGTON, WV 25711 55-0655843	RECORD OWNER	WV	CHH INC	C	-32,016	461,564	100 000 %	Yes	
(3) MOUNTAIN HEALTH NETWORK INC PO BOX 636 HUNTINGTON, WV 25711 55-0675666	OWNS REAL ESTATE	WV	CHH INC	C			100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CABELL HUNTINGTON HOSPITAL FOUNDATION INC	C	450,000	
(2) OCCUMED LLC	D	705,607	
(3) OCCUMED LLC	O	1,334,357	
(4) OCCUMED LLC	Q	34,803	
(5) HUNTINGTON SURGERY PROPERTIES LP	K	224,095	

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Cabell Huntington Hospital, Inc. and Subsidiaries

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September 30, 2014 and 2013

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formerly
PARENTEBEARD

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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, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years 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 audits. We conducted our audits 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, 2014 and 2013, and the results of their operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Report on Supplementary Information

Our audits were 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.

Baker Tilly Viechow Krause, LLP

Pittsburgh, Pennsylvania
December 17, 2014

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Balance Sheet
September 30, 2014 and 2013

	2014	2013		2014	2013
Assets			Liabilities and Net Assets		
Current Assets			Current Liabilities		
Cash and cash equivalents	\$ 66,731,869	\$ 76,815,603	Lines of credit	\$ 379,404	\$ 383,637
Patient accounts receivable (net of estimated allowance for doubtful accounts of \$21,109,000 in 2014 and \$25,884,000 in 2013)	62,430,191	67,243,592	Current maturities of long-term debt	5,563,344	5,671,193
Due from Marshall University School of Medicine	9,909,318	-	Accounts payable	4,266,797	7,414,670
Inventories, prepaid expenses, and other receivables	9,780,000	9,320,994	Accrued expenses	50,135,068	38,272,735
Estimated third-party payor settlements	9,863,294	7,566,324	Estimated third-party payor settlements	104,215	1,998,698
Other current assets	5,329,319	3,448,415	Current portion of estimated professional liabilities	2,118,000	2,013,000
Total current assets	164,043,991	164,394,928	Total current liabilities	62,566,828	55,753,933
Investments			Long-Term Debt	110,253,190	114,828,446
Board designated	134,938,743	123,706,829	Derivative Financial Instruments	12,534,048	12,265,103
Funds held by Foundation	4,311,756	4,172,369	Deferred Gains	3,399,347	4,162,208
Total investments	139,250,499	127,879,198	Accrued Professional Liability and Other	12,736,190	10,996,191
Property and Equipment, Net	198,271,449	184,422,766	Accrued Pension and Postretirement Liabilities	148,864,857	121,814,346
Partnership Investments	8,980,901	9,075,039	Total liabilities	350,354,460	319,820,227
Other Assets, Net	12,914,327	10,419,645	Net Assets		
			Controlling interest	166,827,088	165,897,638
			Noncontrolling interest	409,033	473,295
			Total unrestricted	167,236,121	166,370,933
			Temporarily restricted	5,870,586	10,000,416
			Total net assets	173,106,707	176,371,349
Total assets	\$ 523,461,167	\$ 496,191,576	Total liabilities and net assets	\$ 523,461,167	\$ 496,191,576

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Statement of Operations

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted Revenues		
Patient service revenues (net of contractual allowances and discounts)	\$ 476,378,165	\$ 459,888,896
Provision for bad debts	<u>(44,828,769)</u>	<u>(47,648,428)</u>
Net patient service revenues	431,549,396	412,240,468
Other revenues, including net assets released from restrictions for operations	<u>17,051,811</u>	<u>7,664,553</u>
Total unrestricted revenues	<u>448,601,207</u>	<u>419,905,021</u>
Expenses		
Salaries and wages	147,293,795	138,451,807
Employee benefits	59,988,313	58,959,056
Supplies	78,035,273	66,199,530
Professional services	48,674,676	44,201,625
Maintenance and repairs	11,342,097	10,096,238
Interest	5,504,534	5,789,924
Depreciation and amortization	15,398,881	16,467,168
Provider tax	9,773,062	10,458,044
Insurance	2,758,943	7,142,933
Other	<u>61,110,129</u>	<u>48,676,588</u>
Total expenses	<u>439,879,703</u>	<u>406,442,913</u>
Operating income	<u>8,721,504</u>	<u>13,462,108</u>
Other Income (Loss)		
Investment income	11,020,346	11,392,604
Equity income from partnership investments	1,485,091	969,948
Change in fair value of derivative financial instruments	<u>(268,945)</u>	<u>6,944,213</u>
Revenues in excess of expenses	20,957,996	32,768,873
Pension and Post-Retirement Liabilities Adjustment	(25,142,130)	42,651,680
Net Assets Released from Restrictions for Property and Equipment	5,269,542	-
Equity Distributions	(220,220)	(505,720)
Other Changes in Unrestricted Net Assets	<u>-</u>	<u>(256,438)</u>
Increase in unrestricted net assets	<u>\$ 865,188</u>	<u>\$ 74,658,395</u>

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Statement of Changes in Net Assets

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted Net Assets		
Revenues in excess of expenses	\$ 20,957,996	\$ 32,768,873
Pension and post-retirement liabilities adjustment	(25,142,130)	42,651,680
Net assets released from restrictions for property and equipment	5,269,542	-
Equity distributions	(220,220)	(505,720)
Other changes in unrestricted net assets	<u>-</u>	<u>(256,438)</u>
Increase in unrestricted net assets	<u>865,188</u>	<u>74,658,395</u>
Temporarily Restricted Net Assets		
Contributions and investment income, net	1,267,369	1,190,558
Net assets released from restrictions	<u>(5,397,199)</u>	<u>(1,692,254)</u>
Decrease in temporarily restricted net assets	<u>(4,129,830)</u>	<u>(501,696)</u>
Change in net assets	(3,264,642)	74,156,699
Net Assets, Beginning	<u>176,371,349</u>	<u>102,214,650</u>
Net Assets, Ending	<u><u>\$ 173,106,707</u></u>	<u><u>\$ 176,371,349</u></u>

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidated Statement of Cash Flows

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash Flows from Operating Activities		
Change in net assets	\$ (3,264,642)	\$ 74,156,699
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	44,828,769	47,648,428
Depreciation, amortization, and accretion of bond discount	15,398,881	16,467,168
Pension and post-retirement liabilities adjustment	25,142,130	(42,651,680)
Net realized and unrealized gains on investments	(9,478,959)	(9,555,409)
Change in fair value of derivative financial instruments	268,945	(6,944,213)
Equity income from partnership investments	(1,485,091)	(969,948)
Distributions received from partnership investments	1,579,229	517,500
Restricted contributions and investment income	(1,267,369)	(1,190,558)
Changes in assets and liabilities		
Patient accounts receivable	(40,015,368)	(54,498,575)
Due from Marshall University School of Medicine	(9,909,318)	-
Inventories, prepaid expenses, and other receivables	(459,006)	(1,473,265)
Estimated third-party payor settlements	(4,191,453)	5,031,902
Other assets	(4,450,071)	5,840,298
Accounts payable and accrued expenses	8,714,460	(1,825,078)
Deferred gains	(762,861)	(762,861)
Other liabilities	3,753,380	9,025,671
Net cash provided by operating activities	<u>24,401,656</u>	<u>38,816,079</u>
Cash Flows from Investing Activities		
Purchases of property and equipment	(29,165,244)	(18,588,954)
Increase in investments	<u>(1,892,342)</u>	<u>(3,737,185)</u>
Net cash used in investing activities	<u>(31,057,586)</u>	<u>(22,326,139)</u>
Cash Flows from Financing Activities		
Repayment of long-term debt	(4,690,940)	(4,986,184)
Net repayment of line of credit	(4,233)	(5,004,019)
Restricted contributions and investment income	<u>1,267,369</u>	<u>1,190,558</u>
Net cash used in financing activities	<u>(3,427,804)</u>	<u>(8,799,645)</u>
Net (decrease) increase in cash and cash equivalents	(10,083,734)	7,690,295
Cash and Cash Equivalents, Beginning	<u>76,815,603</u>	<u>69,125,308</u>
Cash and Cash Equivalents, Ending	<u>\$ 66,731,869</u>	<u>\$ 76,815,603</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest	<u>\$ 5,509,675</u>	<u>\$ 5,815,778</u>

See notes to consolidated financial statements

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

1. Organizational Structure and Nature of Operations

Cabell Huntington Hospital, Inc (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, Cabell Huntington Hospital Foundation, Inc (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 Cabell Huntington Hospital Auxiliary, Inc ("Auxiliary")

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

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

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

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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 Corporation 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 \$21,109,000 at September 30, 2014 and \$25,884,000 at September 30, 2013. These balances as a percent of patient accounts receivable, net of contractual adjustments, were approximately 30% at September 30, 2014 and 28% at September 30, 2013. The Corporation's combined allowance for doubtful accounts, uninsured discounts and charity care covered approximately 107% at September 30, 2014 and 90% at September 30, 2013, of combined uninsured and self-pay after insurance accounts receivable. The decrease in the allowance for doubtful accounts during 2014 was primarily the result of reduced self pay volumes. The percentage of patients covered by insurance has increased due to Medicaid expansion as a result of the Affordable Health Care Act.

Inventories

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

Investments and Investment Risk

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 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.

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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 \$15,317,000 in 2014 and \$16,383,000 in 2013.

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 2014 or 2013.

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, 2014 and 2013.

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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, were approximately \$1,307,000 at September 30, 2014 and \$1,382,000 at September 30, 2013, and are included in other assets in the accompanying consolidated balance sheet. Amortization expense was approximately \$75,000 in 2014 and \$76,000 in 2013.

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, 2014 or 2013. 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 Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

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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 Corporation 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 Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation 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 2014 and 2013 from these major payor sources, are as follows:

	September 30, 2014		
	Third-Party Payors	Self-Pay	Total
Patient service revenues (net of contractual allowances and discounts)	<u>\$ 446,984,706</u>	<u>\$ 29,393,459</u>	<u>\$ 476,378,165</u>
	September 30, 2013		
	Third-Party Payors	Self-Pay	Total
Patient service revenues (net of contractual allowances and discounts)	<u>\$ 409,405,992</u>	<u>\$ 50,482,904</u>	<u>\$ 459,888,896</u>

Charity Care

The Corporation 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 Corporation 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.

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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 2014 and 2013. 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 fiscal years ending before September 30, 2011.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through December 17, 2014, the date the consolidated financial statements were available to be issued. With the exception of the matter discussed in Note 21, there were no material subsequent events that required recognition or additional disclosure in the consolidated financial statements.

New Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). ASU No. 2014-09 supercedes the revenue recognition requirements in Topic 605, *Revenue Recognition*, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Corporation will be required to retrospectively adopt the guidance in ASU No. 2014-09 for years beginning after December 15, 2016; early application is not permitted. The Corporation has not yet determined the impact of adoption of ASU No. 2014-09 on its consolidated financial statements.

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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 \$4,660,000 at September 30, 2014 and matures in August 2021. 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 \$1,442,000 in 2014 and \$1,781,000 in 2013, and is included in other expense in the accompanying consolidated statement of operations.

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4. Charity Care

The Corporation 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 Corporation's charity care policies follows for the years ended September 30

	2014	2013
Charges forgone, based on established rates	\$ 17,047,000	\$ 30,878,000
Management's estimate of expenses incurred to provide charity care	\$ 5,995,000	\$ 11,232,000
Equivalent percentage of charity care services to gross patient revenues, based on established rates	1.4%	2.8%

5. Net Patient Service Revenues

The Corporation has agreements with third-party payors that provide for payments to the Corporation 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 Corporation receives additional reimbursement for disproportionate share based on the level of Medicaid and Supplementary Security Income patients it serves. The Corporation also receives payments for direct and indirect medical education from the Medicare program.

The Corporation'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 Corporation'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.

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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 Corporation received UPL payments of approximately \$7,024,000 in 2014 and \$9,189,000 in 2013 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 Corporation's gross patient revenue from non-governmental payors and to evaluate financial performance. This is accomplished by issuing rate orders based on the Corporation's budgets and rate schedules and evaluating performance and compliance based on reports submitted by the Corporation on a periodic basis. Addition and deletion of services and the execution of non-governmental discount contracts are also subject to HCA approval.

The Corporation has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Corporation 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 Corporation has included in net patient service revenues unfavorable adjustments of approximately \$772,000 in 2014 and favorable adjustments of approximately \$253,000 in 2013 related to its estimates of the ultimate settlement under these third-party arrangements.

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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 Corporation is entitled to receive Medicare and Medicaid incentive payments for the adoption of certified EHR technology as the Corporation has satisfied the statutory and regulatory requirements. As such, the Corporation recognized incentives of approximately \$870,000 in 2014 and \$1,259,000 in 2013 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 Corporation's compliance with the meaningful use criteria is subject to audit by the federal government.

7. Investments

The composition of investments at September 30, 2014 and 2013 is as follows:

	2014	2013
Cash and cash equivalents	\$ 24,490,791	\$ 21,261,975
Marketable equity securities	69,964,694	63,712,597
Corporate bonds	23,992,374	17,743,909
Mortgage backed securities	8,580,422	12,365,810
U S government and agency obligations	8,104,186	10,213,973
Mutual funds		
Equity	2,478,274	1,336,990
Fixed income	1,639,758	1,243,944
Total	<u>\$ 139,250,499</u>	<u>\$ 127,879,198</u>

Unrestricted investment income, gains, and losses are comprised of the following in 2014 and 2013.

	2014	2013
Interest and dividend income	\$ 2,138,025	\$ 2,350,348
Net unrealized (losses) gains on trading securities	(1,950,825)	1,030,675
Net realized gains on sales of securities	11,429,784	8,524,734
Investment manager and trustee fees	(596,638)	(513,153)
Net unrestricted investment income	<u>\$ 11,020,346</u>	<u>\$ 11,392,604</u>

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 the price that would be 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.

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The fair value of financial instruments listed below was determined using the following valuation hierarchy at September 30, 2014 and 2013

	2014				
	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	\$ 24,490,791	\$ 24,490,791	\$ 24,490,791	\$ -	\$ -
Marketable equity securities					
Utilities	9,206,688	9,206,688	9,206,688	-	-
Health care	12,245,913	12,245,913	12,245,913	-	-
Industrials	9,277,502	9,277,502	9,277,502	-	-
Consumer discretionary	7,000,599	7,000,599	7,000,599	-	-
Information technology	9,851,437	9,851,437	9,851,437	-	-
Energy	7,314,742	7,314,742	7,314,742	-	-
Consumer staples	7,785,522	7,785,522	7,785,522	-	-
Materials	2,693,602	2,693,602	2,693,602	-	-
Other	3,400,772	3,400,772	3,400,772	-	-
Telecommunications	1,187,917	1,187,917	1,187,917	-	-
Corporate bonds	23,992,374	23,992,374	-	23,992,374	-
Mortgage backed securities	8,580,422	8,580,422	-	8,580,422	-
U S government and agency obligations	8,104,186	8,104,186	-	8,104,186	-
Mutual funds					
Equity	2,478,274	2,478,274	2,478,274	-	-
Fixed income	1,639,758	1,639,758	1,639,758	-	-
Total investments	<u>\$ 139,250,499</u>	<u>\$ 139,250,499</u>	<u>\$ 98,573,517</u>	<u>\$ 40,676,982</u>	<u>\$ -</u>
Liabilities – recurring fair value measurements:					
Derivative financial instruments	<u>\$ 12,534,048</u>	<u>\$ 12,534,048</u>	<u>\$ -</u>	<u>\$ 12,534,048</u>	<u>\$ -</u>
Assets disclosed at fair value:					
Cash and cash equivalents	<u>\$ 66,731,869</u>	<u>\$ 66,731,869</u>	<u>\$ 66,731,869</u>	<u>\$ -</u>	<u>\$ -</u>
Liabilities disclosed at fair value:					
Bonds payable	\$ 114,802,349	\$ 114,802,349	\$ -	\$ -	\$ 114,802,349
Capital leases and other notes payable	<u>1,163,698</u>	<u>1,163,698</u>	<u>-</u>	<u>-</u>	<u>1,163,698</u>
Total	<u>\$ 115,966,047</u>	<u>\$ 115,966,047</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 115,966,047</u>

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	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	<u>\$ 127,879,198</u>	<u>\$ 127,879,198</u>	<u>\$ 87,555,506</u>	<u>\$ 40,323,692</u>	<u>\$ -</u>
Liabilities – recurring fair value measurements:					
Derivative financial instruments	<u>\$ 12,265,103</u>	<u>\$ 12,265,103</u>	<u>\$ -</u>	<u>\$ 12,265,103</u>	<u>\$ -</u>
Assets disclosed at fair value:					
Cash and cash equivalents	<u>\$ 76,815,603</u>	<u>\$ 76,815,603</u>	<u>\$ 76,815,603</u>	<u>\$ -</u>	<u>\$ -</u>
Liabilities disclosed at fair value:					
Bonds payable	\$ 118,837,638	\$ 118,837,638	\$ -	\$ -	\$ 118,837,638
Capital leases and other notes payable	<u>1,819,349</u>	<u>1,819,349</u>	<u>-</u>	<u>-</u>	<u>1,819,349</u>
Total	<u>\$ 120,656,987</u>	<u>\$ 120,656,987</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 120,656,987</u>

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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, 2014 and 2013.

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.

Corporate bonds, mortgage backed securities and U.S. government and agency obligations. Valued based on spreads of published interest rate curves.

Mutual funds. Valued at the quoted 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.

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9. Property and Equipment

Property and equipment and related accumulated depreciation consist of the following at September 30, 2014 and 2013

	2014	2013
Land and land improvements	\$ 17,707,824	\$ 17,484,344
Buildings	171,424,348	163,863,180
Fixed equipment	51,868,046	49,712,255
Major movable equipment	142,136,825	132,857,430
Buildings and equipment under long-term lease with related party (Note 3)	31,604,714	31,604,714
Total	414,741,757	395,521,923
Less accumulated depreciation and amortization	235,539,774	221,493,088
	179,201,983	174,028,835
Construction in progress	19,069,466	10,393,931
Property and equipment, net	\$ 198,271,449	\$ 184,422,766

Accumulated amortization on buildings and equipment under long-term lease with related party approximates \$14,380,000 at September 30, 2014 and \$13,696,000 at September 30, 2013.

Construction in progress as of September 30, 2014 consists primarily of major renovation and expansion projects. Purchase commitments related to these and other miscellaneous projects were approximately \$9,372,000 at September 30, 2014.

10. Lines of Credit

The Hospital maintains a \$5,000,000 unsecured revolving loan agreement with Branch Banking and Trust Company ("BB&T"). There were no borrowings outstanding at September 30, 2014 and 2013. 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 \$379,404 at September 30, 2014 and \$383,637 at September 30, 2013. Borrowings under the agreement bear interest at 4.5% per annum. Under the terms of the agreement, the amounts borrowed are due and payable on January 28, 2015, and interest is payable monthly. The revolving loan agreement is guaranteed by the members of the LLC.

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11. Long-Term Debt

Long-term debt consists of the following at September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
2008 Series A and B	\$ 88,600,000	\$ 91,480,000
Revenue bonds - City of Huntington	8,225,275	8,607,612
Revenue bonds - WVHFA	12,408,160	12,936,889
Revenue bonds - Cabell County	5,568,914	5,813,137
Capital leases and other notes payable	<u>1,163,698</u>	<u>1,819,349</u>
Total	115,966,047	120,656,987
Amounts representing net unamortized bond discount	<u>(149,513)</u>	<u>(157,348)</u>
	115,816,534	120,499,639
Less current portion	<u>5,563,344</u>	<u>5,671,193</u>
Long-term debt	<u>\$ 110,253,190</u>	<u>\$ 114,828,446</u>

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 through January 1, 2034, and bear interest based on a weekly rate model (3.48% at September 30, 2014). 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 October 16, 2017.

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 WVHFA. 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 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.

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The scheduled principal repayments as of September 30, 2014 are as follows

Years ending September 30	
2015	\$ 5,563,344
2016	4,379,886
2017	4,619,178
2018	4,817,758
2019	5,040,876
Thereafter	<u>91,545,005</u>
Total	<u>\$ 115,966,047</u>

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, 2014
Floating to fixed	2034	62 2% one-month LIBOR	3 68%	\$ 46,250,000
Floating to fixed	2034	64 8% one-month LIBOR	3 48%	46,100,000
				<u>\$ 92,350,000</u>

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 \$2,955,000 in 2014 and \$3,022,000 in 2013.

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13. Benefit Plans

The Corporation 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 Corporation 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 Corporation 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 Corporation 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	
	2014	2013	2014	2013
Changes in projected benefit obligation				
Projected benefit obligation, beginning of year	\$ 265,541,243	\$ 277,152,619	\$ 26,827,146	\$ 24,319,375
Service cost	10,010,130	11,628,379	1,233,321	1,226,979
Interest cost	13,126,313	12,077,896	1,401,335	995,270
Actuarial loss (gain)	26,108,801	(30,265,193)	7,058,798	860,406
Benefits paid	(5,758,730)	(5,052,458)	(758,904)	(574,884)
Projected benefit obligation, end of year	<u>\$ 309,027,757</u>	<u>\$ 265,541,243</u>	<u>\$ 35,761,696</u>	<u>\$ 26,827,146</u>
Changes in plan assets				
Fair value of plan assets, beginning of year	\$ 170,554,043	\$ 150,240,639	\$ -	\$ -
Actual return on plan assets	17,495,612	17,910,860	-	-
Employer contributions	13,633,671	7,455,002	758,904	574,884
Benefits paid	(5,758,730)	(5,052,458)	(758,904)	(574,884)
Fair value of plan assets, end of year	<u>\$ 195,924,596</u>	<u>\$ 170,554,043</u>	<u>\$ -</u>	<u>\$ -</u>
Funded status at end of year	<u>\$ (113,103,161)</u>	<u>\$ (94,987,200)</u>	<u>\$ (35,761,696)</u>	<u>\$ (26,827,146)</u>
Accumulated benefit obligation	<u>\$ 267,496,566</u>	<u>\$ 230,562,976</u>		

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

The following table sets forth the components of net periodic pension costs in 2014 and 2013

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Service cost	\$ 10,010,130	\$ 11,628,379	\$ 1,233,321	\$ 1,226,979
Interest cost	13,126,313	12,077,896	1,401,235	995,270
Expected return on plan assets	(12,160,889)	(10,512,315)	-	-
Recognized net actuarial loss	2,544,784	5,428,515	-	-
Amortization of prior service cost	72,133	93,884	-	-
Amortization of gains and losses	-	-	105,925	131,736
Net periodic benefit expense	<u>\$ 13,592,471</u>	<u>\$ 18,716,359</u>	<u>\$ 2,740,481</u>	<u>\$ 2,353,985</u>

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	
	2014	2013	2014	2013
Unrecognized actuarial loss	\$ (79,644,317)	\$ (61,414,923)	\$ (11,023,208)	\$ (4,070,335)
Prior service cost	(233,501)	(305,634)	-	-
Total	<u>\$ (79,877,818)</u>	<u>\$ (61,720,557)</u>	<u>\$ (11,023,208)</u>	<u>\$ (4,070,335)</u>

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

	2014	2013
Current year net actuarial (loss) gain	\$ (22,775,404)	\$ 47,854,575
Amortization of net actuarial loss	(2,544,784)	(5,428,515)
Amortization of prior service cost	72,133	93,884
Amortization of gains and losses	105,925	131,736
Total	<u>\$ (25,142,130)</u>	<u>\$ 42,651,680</u>

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

The weighted-average assumptions used in the measurement of the Corporation's projected benefit obligation at September 30, 2014 and 2013 are as follows

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Discount rate	4.50%	5.00%	4.65%	5.29%
Range of expected rate of compensation increase	2.36% to 2.50%	2.39% to 2.50%	-	-

The weighted-average assumptions used in the measurement of the Corporation's net periodic pension cost for the years ended September 30, 2014 and 2013 are as follows

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Discount rate	5.00%	4.40%	5.29%	4.00%
Expected long-term rate of return on plan assets	7.00%	7.00%	-	-
Range of expected rate of compensation increase	2.39% to 2.50%	2.43% to 2.50%	-	-

In selecting the expected long-term return on plan assets for the pension plans, the Corporation 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

	2014	2013
Asset category		
Equity securities	66%	62-63%
Debt/fixed income securities	34%	37-38%
Total	100%	100%

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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

	Level 1	Level 2	Assets at Fair Value
	September 30, 2014		
Cash and cash equivalents	\$ 3,026,000	\$ -	\$ 3,026,000
Pooled separate accounts			
Money market accounts	-	996,000	996,000
Bond and mortgage accounts	-	66,292,000	66,292,000
Domestic equity accounts	-	55,747,000	55,747,000
Marketable equity securities			
Consumer discretionary	6,599,838	-	6,599,838
Information technology	12,610,919	-	12,610,919
Consumer staples	7,158,377	-	7,158,377
Health care	9,781,294	-	9,781,294
Industrials	7,569,278	-	7,569,278
Energy	5,101,656	-	5,101,656
Materials	2,262,106	-	2,262,106
Other	4,755,066	-	4,755,066
Financials	10,448,539	-	10,448,539
Utilities	1,930,324	-	1,930,324
Telecommunications	1,646,199	-	1,646,199
Total	<u>\$ 72,889,596</u>	<u>\$ 123,035,000</u>	<u>\$ 195,924,596</u>
September 30, 2013			
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	<u>\$ 60,388,043</u>	<u>\$ 110,166,000</u>	<u>\$ 170,554,043</u>

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

There were no Level 3 investments at September 30, 2014 and 2013

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, 2014 and 2013.

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 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.

The Corporation expects to contribute approximately \$10,010,000 to the defined benefit plans in 2015.

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

Years ending September 30	
2015	\$ 7,847,000
2016	8,018,000
2017	8,486,000
2018	9,308,000
2019	10,844,000
2020 - 2024	75,946,000

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	\$ 572,453	\$ (449,862)
Change in postretirement benefit obligation	7,439,125	(5,826,957)

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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, 2014 and 2013, 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 2014 and 2013. 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 \$11,452,000 at September 30, 2014 and \$11,015,000 at September 30, 2013. The current portion of the liability for the self-insured portion of professional and general liability claims was \$2,118,000 at September 30, 2014 and \$2,013,000 at September 30, 2013. 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 \$262,000 at September 30, 2014 and \$385,000 at September 30, 2013, and is included in partnership investments in the accompanying consolidated balance sheet. Equity losses in Tri-State MRI approximated \$123,000 in 2014 and \$138,000 in 2013, and are included in equity income from partnership investments in the accompanying consolidated statement of operations. No cash distributions were received from Tri-State MRI by the Hospital in 2014 or 2013.

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 \$337,000 at September 30, 2014 and \$1,270,000 at September 30, 2013 included in other current assets in the accompanying consolidated balance sheet.

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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 is being amortized to income ratably over ten years. The deferred gain approximates \$3,379,000 at September 30, 2014 and \$4,130,000 at September 30, 2013 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 \$1,467,000 in 2014 and \$1,055,000 in 2013, and is included in equity income from partnership investments in the accompanying consolidated statement of operations. Cash distributions received from the Dialysis Centers approximated \$1,584,000 in 2014 and \$517,500 in 2013. The Hospital's interest in the Dialysis Centers approximated \$8,557,000 at September 30, 2014 and \$8,678,000 at September 30, 2013, and is included in partnership investments 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 Corporation to pay all executory costs (property taxes, maintenance and insurance).

The schedule of future minimum lease payments under these operating leases as of September 30, 2014 is as follows:

Years ending September 30	
2015	\$ 1,638,000
2016	1,240,000
2017	545,000
2018	<u>227,000</u>
Total future minimum lease payments	<u>\$ 3,650,000</u>

Rent expense under these leases was approximately \$1,744,000 in 2014 and \$2,195,000 in 2013.

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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 \$15,753,000 in 2014 and \$15,213,000 in 2013, related to these activities, which is included in professional services and other expenses in the accompanying consolidated statement of operations

On July 1, 2012, 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

The Hospital has amounts due from the School of Medicine, related to the provider based clinics, of approximately \$9,909,000 at September 30, 2014 There were no amounts due from the School of Medicine at September 30, 2013

The Hospital has amounts due to the School of Medicine, related to the provider based clinics, of approximately \$8,765,000 at September 30, 2014, and is included in accrued expenses in the accompanying consolidated balance sheet There were no amounts due to the School of Medicine at September 30, 2013

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 2014 and 2013 are approximately as follows

	<u>2014</u>	<u>2013</u>
Healthcare and other related services	\$ 402,180,000	\$ 371,159,000
General and administrative	<u>37,700,000</u>	<u>35,284,000</u>
Total	<u>\$ 439,880,000</u>	<u>\$ 406,443,000</u>

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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, 2014 and 2013 from patients and third-party payors is as follows:

	2014	2013
Medicare	14 %	16 %
Medicaid	16	16
Blue Cross	17	22
Commercial/HMO/Other	26	29
Patients	27	17
Total	<u>100 %</u>	<u>100 %</u>

Approximately 40% of the Corporation'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 Corporation enters into agreements with non-employed physicians to provide income guarantees and signing bonuses. The carrying amount of the liability for the Corporation's obligation under these guarantees approximates \$3,402,000 at September 30, 2014 and \$1,994,000 at September 30, 2013, and is included in accrued professional liability and other in the accompanying consolidated balance sheet. When the liability is recorded by the Corporation, a corresponding intangible asset is also recorded and subsequently amortized over the life of the agreement. This intangible asset is approximately \$4,778,000 at September 30, 2014 and \$3,700,000 at September 30, 2013, and is included in other assets, net in the accompanying consolidated balance sheet.

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.

Cabell Huntington Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

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 such matters on the Corporation, if any, are not presently determinable.

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. Subsequent Event

On May 9, 2014, the Hospital responded to a request for proposal issued by Pallottine Health Services, Inc. ("PHS") with a proposal to acquire St. Mary's Medical Center, a 393 bed hospital located in Huntington, WV, and its affiliated entities (collectively "SMMC"). The Hospital was subsequently advised by PHS that it would enter into negotiations with the Hospital regarding the acquisition of SMMC. These negotiations culminated in the execution of a Definitive Agreement on November 7, 2014. The Hospital is currently pursuing all required regulatory approvals, including the filing of a Hart-Scott-Rodino notification with the Federal Trade Commission and the filing of a Letter of Intent and an application for a Certificate of Need with the West Virginia Health Care Authority.

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidating Schedule of Balance Sheet Information

September 30, 2014

	Cabell Huntington Hospital, Inc	Mountain Regional Services, Inc	Cabell Huntington Hospital Foundation, Inc	CHH-Cabell Development Corporation	Occumed, LLC	Cabell Huntington Hospital Auxiliary, Inc	Consolidation	
							Eliminations	Consolidated
Assets								
Current Assets								
Cash and cash equivalents	\$ 60,343,893	\$ 26,218	\$ 6,024,290	\$ 95,523	\$ 88,269	\$ 153,676	\$ -	\$ 66,731,869
Patient accounts receivable, net	62,430,191	-	-	-	-	-	-	62,430,191
Due from Marshall University School of Medicine	9,909,318	-	-	-	-	-	-	9,909,318
Inventories, prepaid expenses, and other receivables	9,361,307	490	170,121	-	15,653	232,429	-	9,780,000
Estimated third-party payor settlements	9,863,294	-	-	-	-	-	-	9,863,294
Other current assets	10,667,650	-	-	-	-	-	(5,338,331)	5,329,319
Total current assets	162,575,653	26,708	6,194,411	95,523	103,922	386,105	(5,338,331)	164,043,991
Investments								
Board designated	134,938,743	-	-	-	-	-	-	134,938,743
Funds held by Foundation	-	-	4,311,756	-	-	-	-	4,311,756
Total investments	134,938,743	-	4,311,756	-	-	-	-	139,250,499
Property and Equipment, Net	195,553,883	306,042	-	913,857	1,487,236	10,431	-	198,271,449
Partnership Investments	9,049,750	-	-	-	-	-	(68,849)	8,980,901
Other Assets, Net	11,952,359	-	961,968	-	-	-	-	12,914,327
Total assets	\$ 514,070,388	\$ 332,750	\$ 11,468,135	\$ 1,009,380	\$ 1,591,158	\$ 396,536	\$ (5,407,180)	\$ 523,461,167

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidating Schedule of Balance Sheet Information

September 30, 2014

	Cabell Huntington Hospital, Inc	Mountain Regional Services, Inc	Cabell Huntington Hospital Foundation, Inc	CHH-Cabell Development Corporation	Occumed, LLC	Cabell Huntington Hospital Auxiliary, Inc	Consolidation Eliminations	Consolidated
Liabilities and Net Assets								
Current Liabilities								
Lines of credit	\$ -	\$ -	\$ -	\$ -	\$ 379,404	\$ -	\$ -	\$ 379,404
Current maturities of long-term debt	4,586,041	-	-	-	977,303	-	-	5,563,344
Accounts payable	4,222,314	-	-	3,687	-	40,796	-	4,266,797
Accrued expenses	50,082,424	79,519	4,681,631	37,007	656,701	4,966	(5,407,180)	50,135,068
Estimated third-party payor settlements	104,215	-	-	-	-	-	-	104,215
Current portion of estimated professional liabilities	2,118,000	-	-	-	-	-	-	2,118,000
Total current liabilities	61,112,994	79,519	4,681,631	40,694	2,013,408	45,762	(5,407,180)	62,566,828
Long-Term Debt	110,253,190	-	-	-	-	-	-	110,253,190
Derivative Financial Instruments	12,534,048	-	-	-	-	-	-	12,534,048
Deferred Gains	3,399,347	-	-	-	-	-	-	3,399,347
Accrued Professional Liability and Other	12,736,190	-	-	-	-	-	-	12,736,190
Accrued Pension and Postretirement Liabilities	148,864,857	-	-	-	-	-	-	148,864,857
Total liabilities	348,900,626	79,519	4,681,631	40,694	2,013,408	45,762	(5,407,180)	350,354,460
Net Assets								
Controlling interest	165,169,762	253,231	915,918	426,222	(288,819)	350,774	-	166,827,088
Noncontrolling interest	-	-	-	542,464	(133,431)	-	-	409,033
Total unrestricted	165,169,762	253,231	915,918	968,686	(422,250)	350,774	-	167,236,121
Temporarily restricted	-	-	5,870,586	-	-	-	-	5,870,586
Total net assets	165,169,762	253,231	6,786,504	968,686	(422,250)	350,774	-	173,106,707
Total liabilities and net assets	<u>\$ 514,070,388</u>	<u>\$ 332,750</u>	<u>\$ 11,468,135</u>	<u>\$ 1,009,380</u>	<u>\$ 1,591,158</u>	<u>\$ 396,536</u>	<u>\$ (5,407,180)</u>	<u>\$ 523,461,167</u>

Cabell Huntington Hospital, Inc. and Subsidiaries

Consolidating Schedule of Operations

Year Ended September 30, 2014

	Cabell Huntington Hospital, Inc	Mountain Regional Services, Inc	Cabell Huntington Hospital Foundation, Inc	CHH-Cabell Development Corporation	Occumed, LLC	Cabell Huntington Hospital Auxiliary, Inc	Consolidation	
							Eliminations	Consolidated
Unrestricted Revenues								
Patient service revenues (net of contractual allowances and discounts)	\$ 474,633,443	\$ -	\$ -	\$ -	\$ 1,744,722	\$ -	\$ -	\$ 476,378,165
Provision for bad debts	(44,828,769)	-	-	-	-	-	-	(44,828,769)
Net patient service revenues	429,804,674	-	-	-	1,744,722	-	-	431,549,396
Other revenues, including net assets released from restrictions for operations	15,164,798	20,498	524,342	224,095	-	1,118,078	-	17,051,811
Total unrestricted revenues	444,969,472	20,498	524,342	224,095	1,744,722	1,118,078	-	448,601,207
Expenses								
Salaries and wages	145,756,601	-	396,385	-	1,140,809	-	-	147,293,795
Employee benefits	59,802,600	-	-	-	185,713	-	-	59,988,313
Supplies	77,943,683	-	-	-	82,950	8,640	-	78,035,273
Professional services	48,527,793	-	-	966	145,917	-	-	48,674,676
Maintenance and repairs	11,329,996	-	-	-	12,101	-	-	11,342,097
Interest	5,420,487	-	-	-	84,047	-	-	5,504,534
Depreciation and amortization	15,273,626	8,299	-	53,034	60,436	3,486	-	15,398,881
Provider tax	9,773,062	-	-	-	-	-	-	9,773,062
Insurance	2,754,140	-	-	-	4,803	-	-	2,758,943
Other	60,076,087	40,457	144,991	3,670	103,616	741,308	-	61,110,129
Total expenses	436,658,075	48,756	541,376	57,670	1,820,392	753,434	-	439,879,703
Operating income (loss)	8,311,397	(28,258)	(17,034)	166,425	(75,670)	364,644	-	8,721,504
Other Income (Loss)								
Investment income	10,922,539	1,168	96,639	-	-	-	-	11,020,346
Equity income from partnership investments	1,485,091	-	-	-	-	-	-	1,485,091
Change in fair value of derivative financial instruments	(268,945)	-	-	-	-	-	-	(268,945)
Revenues in excess of (less than) expenses	20,450,082	(27,090)	79,605	166,425	(75,670)	364,644	-	20,957,996
Pension and Post-Retirement Liabilities Adjustment	(25,142,130)	-	-	-	-	-	-	(25,142,130)
Net Assets Released from Restrictions for Property and Equipment	5,269,542	-	-	-	-	-	-	5,269,542
Equity Distributions	-	-	-	(220,220)	-	-	-	(220,220)
Transfers from (to) Affiliates	450,000	-	-	-	-	(450,000)	-	-
Increase (decrease) in unrestricted net assets	\$ 1,027,494	\$ (27,090)	\$ 79,605	\$ (53,795)	\$ (75,670)	\$ (85,356)	\$ -	\$ 865,188