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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

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

C Name of organization
CABELL HUNTINGTON HOSPITAL INC

% DAVID M WARD SENIOR VP/CFO

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
HUNTINGTON, WV 25701

D Employer identification number
55-0675666

E Telephone number
(304) 526-2571

G Gross receipts $ 562,081,230

F Name and address of principal officer
KEVIN FOWLER
1340 HAL GREER BLVD
HUNTINGTON, WV 25701

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CABELLHUNTINGTON ORG

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

L Year of formation 1986

M State of legal domicile WV

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,823
6	Total number of volunteers (estimate if necessary)	6	213
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,280,275
b	Net unrelated business taxable income from Form 990-T, line 34	7b	45,462

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	450,000	437,984
9	Program service revenue (Part VIII, line 2g)	484,802,600	516,262,370
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,736,007	6,612,558
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,677,753	4,804,097
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	505,666,360	528,117,009
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,528,962	10,502,025
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	206,229,938	220,629,637
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	266,774,688	287,043,557
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	482,533,588	518,175,219
19	Revenue less expenses Subtract line 18 from line 12	23,132,772	9,941,790

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	514,070,390	537,635,453
21	Total liabilities (Part X, line 26)	348,900,626	342,531,438
22	Net assets or fund balances Subtract line 21 from line 20	165,169,764	195,104,015

Part II Signature Block

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

Sign Here

****** | 2016-08-12
Signature of officer | Date

KEVIN FOWLER PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WADE S C NEWELL CPA	WADE S C NEWELL CPA			P01051041

Firm's name ▶ SOMERVILLE & COMPANY PLLC | Firm's EIN ▶

Firm's address ▶ 501 5TH AVENUE
HUNTINGTON, WV 25701 | Phone no (304) 525-0301

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

Part III Statement of Program Service Accomplishments

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

1 Briefly 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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 408,918,130 including grants of $) (Revenue $ 516,262,370)

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 2,800 INDIVIDUALS DURING FISCAL YEAR 2015, 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 ON MARCH 26, 2015 10 NEWLY DESIGNED AND DECORATED PEDIATRIC INTENSIVE CARE ROOMS OPENED ALONG WITH EXPANDED NURSING STATION AND TWO SPECIALIZED ISOLATION 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 2015, THE HOSPITAL PROVIDED SERVICES TO 18,782 INPATIENTS, WHICH RESULTED IN PROVIDING 94,811 DAYS OF CARE THE ORGANIZATION ALSO PROVIDED CARE TO 653,860 OUTPATIENTS THIS INCLUDED 63,336 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 23,400 OUTPATIENT SURGICAL PROCEDURES AND 19,539 HOME HEALTH VISITS

4b (Code) (Expenses $ 25,732,251 including grants of $ 110,004) (Revenue $)

CABELL HUNTINGTON HOSPITAL IS VERY INVOLVED WITH THE COMMUNITY IT SERVES DURING THE FISCAL YEAR 2015, IT HELD EVENTS, INCLUDING HEALTH SCREENINGS, EDUCATION OUTREACH, HEALTH FAIRS, AND COMMUNITY TRAINING MORE THAN 8,400 PEOPLE ATTENDED THESE EVENTS THE COSTS ASSOCIATED WITH THESE ACTIVITIES IS $132,557 THE ORGANIZATION ALSO GIVES TO THE COMMUNITY BY PARTICIPATING IN HUNTINGTON'S KITCHEN PROGRAM THAT PROMOTES HEALTHY EATING LIFESTYLES OF WHICH COSTS ARE $264,779 IT PROMOTES KIDS HEALTHY EXERCISE BY PARTNERING WITH THE HUNTINGTON MALL TO PROVIDE A HEALTHY KIDS PLAYGROUND WITH COSTS INCUURED OF $30,199 DURING THE FISCAL YEAR 2015, CABELL HUNTINGTON HOSPITAL SUPPORTED 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 (APPROXIMATE COST $60,000) WE PROVIDE SERVICE TO EBENZER OUTREACH WHICH IS A CLINIC FOR CITIZENS WITH LOW INCOME ($50,004) 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 $10,640,038 (WHICH IS NETTED AGAINST REVENUES) AND BAD DEBT EXPENSE WAS $25,194,712 THE HOSPITAL CONSIDERS ALL OF THIS A COMMUNITY SERVICE

4c (Code) (Expenses $ 18,831,633 including grants of $ 10,392,021) (Revenue $)

CABELL HUNTINGTON HOSPITAL IS A TEACHING HOSPITAL THAT IS ASSOCIATED WITH MARSHALL UNIVERSITY SCHOOLS OF MEDICINE AND NURSING WITH THAT, THE HOSPITAL IS LEADING THE WAY IN 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 2015, 180 INTERNS, FELLOWS, AND RESIDENTS ROTATED THROUGH THE HOSPITAL

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 453,482,014

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or 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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	142		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,823		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response 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	**1a**	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

▶ DAVID M WARD SENIOR VPCFO
1340 HAL GREER BOULEVARD
HUNTINGTON, WV 25701 (304) 526-2000

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

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

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

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

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

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

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

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

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

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

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	6,620,057	0	609,218

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 192

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY PHYSICIANS AND SURGEONS, 1600 MEDICAL CENTER DRIVE HUNTINGTON, WV 25701	MEDICAL SERVICES	31,235,156
BAILES CRAIG AND YON, 401 TENTH STREET SUITE 500 HUNTINGTON, WV 25701	LEGAL FEES	1,424,096
RADIOLOGY INC, PO BOX 910 HUNTINGTON, WV 25712	MEDICAL SERVICES	858,262
PINNACLE HEALTH GROUP LLP, 1455 LINCOLN PARKWAY SUITE 350 ATLANTA, GA 30342	RECRUITING SERVICES	852,016
MCDERMOTT WILL AND EMORY, 500 NORTH CAPITAL STREET NW WASHINGTON, DC 200011531	LEGAL FEES	729,803

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 ▶ 32

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	437,984			
	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 . . . . . ▶		437,984			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621990	504,115,368	504,115,368		
	b	LABORATORY REVENUE	621500	13,585,374	13,322,677	262,697	
	c	AEROMED INCOME	623000	-1,438,372	-1,438,372		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		516,262,370			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,280,327		12,346	2,267,981
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	408,014					
	b	Less rental expenses	205,612					
	c	Rental income or (loss)	202,402	0				
	d	Net rental income or (loss) . . . . . ▶			202,402	202,402		

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	37,157,979	932,861			
	b	Less cost or other basis and sales expenses	33,758,609	0			
	c	Gain or (loss)	3,399,370	932,861			
	d	Net gain or (loss) . . . . . ▶			4,332,231			4,332,231
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events . . ▶			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	1,936,900				1,936,900
	b	OUTSIDE SERVICES	621990	1,626,125	1,626,125			
	c	OTHER REVENUE	621990	1,038,670	33,438	1,005,232		
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶		4,601,695				
	12	**Total revenue.** See Instructions . . . . . ▶		528,117,009	517,861,638	1,280,275		8,537,112

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,502,025	10,502,025		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,484,261	757,311	3,726,950	
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	152,239,857	136,262,053	15,977,804	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,412,871	17,083,326	2,329,545	
9 Other employee benefits	33,657,121	29,618,266	4,038,855	
10 Payroll taxes	10,835,527	9,535,264	1,300,263	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,250,321		1,250,321	
c Accounting	127,433		127,433	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	636,124		636,124	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,627,079	61,678,225	22,948,854	
12 Advertising and promotion	4,308,043	4,308,043		
13 Office expenses	8,703,406	6,962,725	1,740,681	
14 Information technology	3,331,456	2,998,310	333,146	
15 Royalties	0			
16 Occupancy	26,468,738	19,851,554	6,617,184	
17 Travel	590,391	479,709	110,682	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	5,188,621	3,891,466	1,297,155	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,264,870	15,538,383	1,726,487	
23 Insurance	5,317,206	4,785,485	531,721	
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	25,194,712	25,194,712		
b MEDICAL SUPPLIES	77,644,991	77,644,991		
c PROVIDER TAX	11,170,205	11,170,205		
d MEDICAL EDUCATION	8,572,964	8,572,964		
e All other expenses	6,646,997	6,646,997		
25 **Total functional expenses.** Add lines 1 through 24e	518,175,219	453,482,014	64,693,205	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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,377	1	5,170
	2	Savings and temporary cash investments		60,339,517	2	79,680,322
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		72,339,511	4	78,377,546
	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		4,778,477	7	3,423,977
	8	Inventories for sale or use		7,434,449	8	6,419,299
	9	Prepaid expenses and deferred charges		1,926,858	9	1,498,319
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 452,703,850			
	b	Less accumulated depreciation	10b 250,893,783	195,553,883	10c	201,810,067
	11	Investments—publicly traded securities		134,938,743	11	136,355,452
	12	Investments—other securities See Part IV, line 11		9,049,750	12	8,985,727
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		3,650,105	14	3,669,980
	15	Other assets See Part IV, line 11		24,054,720	15	17,409,594
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		514,070,390	16	537,635,453
Liabilities	17	Accounts payable and accrued expenses		54,304,738	17	61,298,420
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		113,241,795	20	85,425,000
	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		1,746,949	23	24,980,575
	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		179,607,144	25	170,827,443
	26	**Total liabilities.** Add lines 17 through 25		348,900,626	26	342,531,438
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		165,169,764	27	195,104,015
	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		165,169,764	33	195,104,015
	34	Total liabilities and net assets/fund balances		514,070,390	34	537,635,453

Part XI Reconcilliation 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	528,117,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	518,175,219
3	Revenue less expenses Subtract line 2 from line 1	3	9,941,790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	165,169,764
5	Net unrealized gains (losses) on investments	5	-4,500,260
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	24,492,721
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	195,104,015

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN L BURTON CHAIRMAN/DIRECTOR	20 00	X		X				0	0	0
(1) CARLOYN BAGBY VICE-CHAIRMAN/DIRECTOR	20 00	X		X				0	0	0
(2) BETH HAMMERS SECRETARY/DIRECTOR	20 00	X		X				0	0	0
(3) GARY WHITE TREASURER/DIRECTOR	20 00	X		X				0	0	0
(4) DAVID PORTERMD DIRECTOR (THRU JAN 2015)	20 00	X						0	0	0
(5) MARIAN COX DIRECTOR	20 00	X						0	0	0
(6) TIM MILNE DIRECTOR	20 00	X						0	0	0
(7) GERARD OAKLEY MD DIRECTOR	20 00	X						0	0	0
(8) LARRY DIAL MD DIRECTOR	20 00	X						0	0	0
(9) CLARA ROSE SADLER DIRECTOR	20 00	X						0	0	0
(10) VICKIE SMITH DIRECTOR	20 00	X						0	0	0
(11) JOE WERTHAMMER MD DIRECTOR	20 00	X						0	0	0
(12) EDUARDO PINO MD DIRECTOR	20 00	X						0	0	0
(13) CLARENCE MARTIN DIRECTOR (THRU MAR 2015)	20 00	X						0	0	0
(14) JOHN LANDERS DIRECTOR	20 00	X						0	0	0
(15) RANDIE LAWSON DIRECTOR	20 00	X						0	0	0
(16) ANTHONY STRADWICK DIRECTOR	20 00	X						0	0	0
(17) JOHN LILLER DIRECTOR	20 00	X						0	0	0
(18) KEVIN YINGLING MD DIRECTOR (BEG FEB 2015)	20 00	X						0	0	0
(19) LYONEL MORRISON DIRECTOR (BEG APRIL 2015)	20 00	X						0	0	0
(20) BRENT MARSTELLER PRESIDENT&CEO (THRU JAN 2015)	45 0 00			X				887,209	0	62,408
(21) KEVIN FOWLER CURRENT PRESIDENT & CEO	45 0 00			X				253,849	0	25,883
(22) DAVID M WARD SR VP, CFO, & CAO	45 0 00			X				384,395	0	34,218
(23) HOYT BURDICK SR VP & CMO	45 0 00			X				383,193	0	24,972
(24) GLEN WASHINGTON VP & CEO PVH	45 0 00			X				354,527	0	47,940

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			
(26) PAUL SMITH VP & GENERAL COUNSEL	45 0 0 0			X				233,521	0	48,588
(1) ROSEMARY SMITH THRU JUL 2015 VP NURSING SERVICES	45 0 0 0			X				222,105	0	24,379
(2) BRADLEY BURCK VP CHH FOUNDATION	45 0 0 0			X				32,891	0	4,319
(3) BARRY TOURIGNY THRU AUG 2015 VP HUMAN RESOURCES	45 0 0 0			X				250,261	0	39,191
(4) DENNIS LEE VP & CIO	45 0 0 0			X				219,318	0	26,149
(5) LISA CHAMBERLAIN STUMP VP STRATEGIC MARKETING & PLAN	45 0 0 0			X				198,808	0	25,668
(6) TIM MARTIN VP ANCILLARY & SUPPORT	45 0 0 0			X				218,062	0	26,182
(7) JOY PELFREY VP & CNO	45 0 0 0			X				216,473	0	31,744
(8) HAROLD E PRESTON VP PHYSICIANS SERVICES & MANAG	45 0 0 0			X				203,252	0	21,733
(9) AHMET OZTURK MD ANESTHESIOLOGIST	45 0 0 0					X		551,447	0	41,811
(10) DAVID COOK MD OPHTHALMOLOGIST	45 0 0 0					X		479,794	0	20,311
(11) MICHAEL VEGA MD ANESTHESIOLOGIST	45 0 0 0					X		445,681	0	32,228
(12) JOHN DAVIS MD ANESTHESIOLOGIST	45 0 0 0					X		431,787	0	20,311
(13) JOSEPH DELAPA II MD ANESTHESIOLOGIST	45 0 0 0					X		426,567	0	9,868
(14) DAVID GRALEY FORMER VP CHH FOUNDATION	45 0 0 0						X	226,917	0	41,315

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224005286

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		39,966
j	Total Add lines 1c through 1i			39,966
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION IS A MEMBER OF THE WEST VIRGINIA HOSPITAL ASSOCIATION (WVHA) AND THE CHILDREN'S HOSPITAL ASSOCIATION (CHA), WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBERS A PORTION OF THE DUES PAID TO WVHA AND CHA HAVE BEEN ALLOCATED TO LOBBYING ACTIVITIES, WHICH AMOUNTED TO $39,966 THE ASSOCIATIONS PROVIDE BOTH ADVOCACY AND REPRESENTATION FOR ITS MEMBERS SPECIFIC INFORMATION REGARDING THE ADVOCACY AGENDAS OF THE ASSOCIATIONS CAN BE VIEWED AT THEIR RESPECTIVE WEBSITES, WWW WVHA ORG AND WWW CHILDRENSHOSPITALS ORG

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		228,059,402	72,171,116	155,888,286
c Leasehold improvements				
d Equipment		201,709,398	177,562,274	24,147,124
e Other		16,519,459	1,160,393	15,359,066
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				201,810,067

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ESTIMATED THIRD PARTY SETTLEMENT	4,302,846
DERIVATIVE FINANCIAL INSTRUMENT	15,250,830
ACCRUED POST RETIREMENT BENEFITS	135,675,769
ACCRUED PROFESSIONAL LIABILITIES	12,961,511
DEFERRED GAIN	2,636,487
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	170,827,443

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	507,085,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-4,500,260		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-16,736,431		
e	Add lines **2a** through **2d**			2e	-21,236,691
3	Subtract line **2e** from line **1**			3	528,322,621
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-205,612		
c	Add lines **4a** and **4b**			4c	-205,612
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	528,117,009

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	477,151,645
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	205,612		
e	Add lines **2a** through **2d**			2e	205,612
3	Subtract line **2e** from line **1**			3	476,946,033
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	41,229,186		
c	Add lines **4a** and **4b**			4c	41,229,186
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	518,175,219

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 2015 AND 2014 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	DECREASE IN PENSION LIABILITY INCLUDED ON AFS IS $20,722,648 INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS IS $-636,124 BAD DEBTS NETTED WITH REVENUE ON AFS IS $-25,194,712 CHANGE IN EFFECTIVE INTEREST RATE SWAP NETTED WITH REVENUE ON AFS IS $-2,716,782 NET ASSETS RELEASED FROM RESTRICTION $6,486,858 MANAGEMENT FEE REVENUE NETTED WITH EXPENSES IS $-1,005,232 ACQUISITION COSTS NETTED WITH EXPENSES IS -14,380,773 K-1 AMOUNT FROM UBI PREMIER IS -12,346 OTHER ADJUSMENTS IS 32
PART XI, LINE 4B	RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 IS $-205,612
PART XII, LINE 2D	RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 IS $205,612
PART XII, LINE 4B	INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE ON AFS IS $636,123 BAD DEBTS NETTED WITH REVENUE ON AFS IS $25,194,712 ACQUISITION COSTS RECLASSED TO REVENUE ON FORM 990 IS $14,380,773 MANAGEMENT FEE REVENUE NETTED WITH EXPENSES IS $1,005,232 AMOUNT FROM PREMIER IS $12,346

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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 eligibile 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)			3,699,766		3,699,766	0 770 %
b Medicaid (from Worksheet 3, column a)			160,850,015	94,130,181	66,719,834	13 830 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			164,549,781	94,130,181	70,419,600	14 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			132,557		132,557	0 030 %
f Health professions education (from Worksheet 5)			17,821,698	3,100,337	14,721,361	3 050 %
g Subsidized health services (from Worksheet 6)			26,716,551	23,995,655	2,720,896	0 560 %
h Research (from Worksheet 7)			478,966	96,456	382,510	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			45,149,772	27,192,448	17,957,324	3 720 %
k **Total.** Add lines 7d and 7j			209,699,553	121,322,629	88,376,924	18 320 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			25,000		25,000	0 010 %
3 Community support			66,756		66,756	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			427,981		427,981	0 090 %
8 Workforce development						
9 Other			64,000		64,000	0 010 %
10 **Total**			583,737		583,737	0 120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 8,165,606			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 1,224,841			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	108,696,558
6	Enter Medicare allowable costs of care relating to payments on line 5	6	160,259,328
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-51,562,770
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	OCCUMED LLC	OCCUPATIONAL HLTH/URGENT CARE	68 460 %		31 540 %
2	HUNTINGTON SURGERY P	REAL ESTATE/LEASE TO SURG CTR	45 000 %		55 000 %
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www chhi org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www chhi org			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

CABELL HUNTINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100% and FPG family income limit for eligibility for discounted care of 350 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www chhi org			
b	☑ The FAP application form was widely available on a website (list url) www chhi org			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www chhi org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17		No
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CABELL HUNTINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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 $25,194,712

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 2015, 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, CHILDREN'S PLAY PLACE TO PROVIDE A SAFE ENVIRONMENT FOR CHILDREN IN THE COMMUNITY TO EXERCISE, AND KIDS IN MOTION PROGRAM AT THE LOCAL YMCA TO PROMOTE BETTER LIFESTYLE FOR CHILDREN

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	THE HOSPITAL HAS INFORMATION ABOUT ITS CHARITY CARE POLICY AND APPLICATIONS AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AS WELL AS ITS OFFSITE LOCATIONS THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS WHO VISIT INPATIENTS IN ELIGIBLE FINANCIAL CLASSES TO PROVIDE INFORMATION ABOUT CHARITY CARE AS WELL AS RESPOND TO INQUIRIES FROM OUTPATIENTS REGARDING CHARITY CARE AND PROVIDE ASSISTANCE WITH THE CHARITY CARE APPLICATION PROCESS PATIENTS CAN COMMUNICATE WITH FINANCIAL COUNSELORS IN PERSON OR BY TELEPHONE, MAIL, OR FAX IN ORDER TO LEARN MORE ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND OBTAIN INFORMATION REGARDING THEIR ELIGIBILITY FOR CHARITY CARE THE HOSPITAL ALSO CONTRACTS WITH MEDICAID ELIGIBILITY SPECIALISTS TO ASSIST THOSE PATIENTS WHO QUALIFY FOR MEDICAID INFORMATION ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND PROCESS IS POSTED ON THE HOSPITAL'S WEBSITE IT IS THE RESPONSIBILITY OF THE PATIENT TO MAKE SURE ALL OF THE DOCUMENTATION TO QUALIFY FOR ASSISTANCE IS FILED WITH THE HOSPITAL AND ANY GOVERNMENT ASSISTANCE PROGRAMS IF THEY FAIL TO DO SO, THE PATIENT IS BILLED, AND IN MOST CASES, THEY WILL CALL THE BILLING DEPARTMENT THE BILLING DEPARTMENT WILL REFER THEM BACK TO A FINANCIAL COUNSELOR TO FINISH THE NECESSARY FILINGS BILLING WILL BE NOTIFIED IF THE ACCOUNT IS TO BE DISCOUNTED AND/OR SET UP ON A PAYMENT SCHEDULE IF THE PATIENT FAILS TO FOLLOW THROUGH AT THIS TIME, LASTLY, THE ACCOUNT IS SENT TO THE COLLECTION AGENCY

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 NINE COUNTIES IN WEST VIRGINIA, THREE COUNTIES IN OHIO, AND SIX COUNTIES IN KENTUCKY, ALL OF WHICH CONTAIN MEDICALLY UNDERSERVED AREAS AS DESIGNATED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES EIGHTY PERCENT (80%) OF THE TOTAL DISCHARGES ORIGINATE FROM THE PRIMARY SERVICE AREA THE REMAINING 20% COMES 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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	
PART V, SECTION B, LINE 6A	FOR THE CHNA, CABELL HUNTINGTON HOSPITAL PARTNERED WITH ST MARY'S HOSPITAL ALSO LOCATED IN HUNTINGTON, WV
PART V, SECTION B, LINE 11	THE HOSPITAL'S CORE PLANNING TEAM REVIEWED THE RESULTS OF THE STUDY AND IDENTIFIED THE NEE DS AND ISSUES THAT, AS A HEALTH CARE PROVIDER, IT CAN BEST ADDRESS, BASED ON CAPACITY AND RESOURCES CURRENTLY AVAILABLE, AS WELL AS THOSE THAT MOST CLOSELY ALIGN WITH THE HOSPITAL' S HEALTH GOALS THE ISSUES IDENTIFIED BY THE HOSPITAL'S CORE GROUP THAT FIT MOST CLOSELY W ITH THE HOSPITAL'S GOALS ARE AS FOLLOWS 1 HEALTHY LIFESTYLES - NUTRITION EDUCATION FOR D ISEASE AND OBESITY PREVENTION 2 YOUTH OBESITY PREVENTIUON AND INTERVENTION 3 ACCESS TO FREE AND LOW COST SCREENINGS TO ENCOURAGE EARLIER DETECTION AND AWAREMESS OF A DISEASE 4 ACCESS TO FREE AND LOW COST INFLUENZA IMMUNIZATIONS THE HOSPITAL REALIZES THAT IT CANNO T ACCOMPLISH ALL OF THE NEEDS ON ITS OWN AND THEY NEED TO PARTNER WITH THE LOCAL PUBLIC HE ALTH AGENCIES THE HOSPITAL IS IMPLEMENTING COMMUNITY PREVENTIVE HEALTH ACTIVITIES TO HELP REDUCE CHRONIC RATES AND PREVENT THE DEVELOPMENT OF SECONDARY CONDITIONS HERE ARE SOME E XAMPLES AS TO HOW THE HOSPITAL IS WORKING WITH THESE GOALS HEALTHLY LIFESTYLES AND NUTRIT ION RELATES TO ACQUIRING BETTER AWARENESS AND EDUCATION FOR HEALTHIER FOOD CHOICES HUNTIN GTON'S KITCHEN IS OPERATED BY THE HOSPITAL TO HOLD EDUCATION AND COOKING CLASSES AT LITTLE OR NO CHARGE TO CHILDREN AND ADULTS TO HELP FIGHT OBESITY AND OTHER CHRONIC ILLNESSES TH E YOUTH OBESITY PRVENTION AND INTERVENTION STARTED A COUPLE OF YEARS AGO WHEN THE HOSPITAL PARTNERED WITH AN ABC TELEVISION SERIES (JAMIE OLIVERS FOOD RESOLUTION) TO ASSESS SCHOOL LUNCH MENUS IN CABELL COUNTY COOKS IN THE SCHOOLS WERE TAUGHT HOW TO MAKE MORE NUTRIOUS F OOD CHOICES IN THEIR TIME CONSTRAITS AND BUDGETS WE ARE PARTNERING WITH THE LOCAL MEDICAL SCHOOL ON A STUDY OF HOW THIS CHANGED THE STUDENTS HEALTH AND BMI CURRENTLY, THE HOSPITA L IS INVOLVED WITH THE LOCAL YMCA IN A PROGRAM ENTITLED "KIDS IN MOTION" THIS IS AN EXERC ISE AND NUTRITION PROGRAM INVOLVING KIDS AGES 5 THRU 12 AND THEIR PARENTS THE OVERALL GOA L IS TEACH HOW IMPORTANT EVERYDAY EXERCISE AND NUTRITION IS THE HOSPITAL HAS HEALTH SCREE NING THROUGHOUT THE YEAR LOCATED IN VARIOUS VENUES IN OUR COMMUNITY THESE ARE HELD IN HOP ES OF FINDING ANY CHRONIC DISEASES AT EARLIER STAGES ADDITIONALLY, WE HAVE VARIOUS FLU SH OT CLINICS ALONG WITH THE LOCAL HEALTH DEPARTMENTS
PART V, SECTION B, LINE 20D	THE HOSPITAL USES ONE RATE TO CHARGE ALL PATIENTS THE PATIENTS THAT ARE ELIGIBLE FOR FINA NCIAL ASSISTANCE (ESTABLISHED AFTER PROVIDING THE HOSPITAL WITH ALL INFORMATION REQUESTED ON APPLICATION) ARE THEN GIVEN A DISCOUNTED CHARGE BASED ON THE FINANCIAL ASSISTANCE POLIC Y
PART V, SECTION B, LINE 22D	THE CABELL COUNTY PUBLIC HEALTH DEPARTMENT, THE WAYNE COUNTY PUBLIC HEALTH DEPARTMENT AND THE LINCOLN COUNTY PUBLIC HEALTH DEPARTMENT (ALL 3 OF THESE IN WV) AS WELL AS THE LAWRENCE COUNTY PUBLIC HEALTH DEPARTMENT IN OHIO PARTNERED WITH THE HOSPITAL FOR THIS ASSESSMENT BOTH HOSPITALS AND ALL FOUR HEALTH DEPARTMENTS ALSO WORKED IN CONJUNCTION WITH THE CENTER FOR ENTREPRENEURIAL STUDIES AND DEVELOPMENT,INC OUT OF MORGANTOWN, WV

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
WOMEN'S HEALTH 1660 TWELFTH AVENUE HUNTINGTON,WV 25701	OUTPATIENT SURGERY CENTER
COOK EYE CENTER 1300 THIRD AVENUE HUNTINGTON,WV 25701	OUTPATIENT SURGERY CENTER
FAMILY MEDICAL CENTER PROCTORVILLE 7718 COUNTY ROAD 107 SUITE 100 PROCTORVILLE,OH 45669	OUTPATIENT SURGERY CENTER
CENTER FOR SURGICAL WEIGHT CONTROL 1115 20TH STREET HUNTINGTON,WV 25701	OUTPATIENT SURGERY CENTER
FAMILY MEDICAL CENTER KENOVA 750 OAK STREET KENOVA,WV 25430	OUTPATIENT SURGERY CENTER
CABELL HUNTINGTON BALANCE CENTER 1616 13TH AVENUE HUNTINGTON,WV 25701	OUTPATIENT SURGERY CENTER
WOMEN'S & FAMILY MEDICAL CENTER 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 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
(2) HUNTINGTON YMCA 934 TENTH AVENUE HUNTINGTON,WV 25701	55-0397261	501(C)(3)	60,000		FMV		KID'S IN MOTION PROGRAM
(3) MARSHALL UNIVERSITY ONE JOHN MARSHALL DRIVE HUNTINGTON HUNTINGTON,WV 25701	55-6000789	501(C)(3)	10,392,021		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 . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** 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 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 FUNDS DISPERSED FOR THE YMCA ARE USED FOR HELPING CHILDREN LEARN TO LIVE A MORE HEALTHY LIFESTYLE THIS IS ONE OF THE GOALS IN THE CHNA
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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) 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	KEVIN FOWLER, PRESIDENT AND CEO WAS PROVIDED WITH PERSONAL COUNTRY CLUB BENEFITS THESE BENEFITS WERE ADDED TO HIS W-2 AS TAXABLE COMPENSATION
PART 1, LINE 4A	PAYMENTS TOTALING $16,900 WERE PAID TO THE FORMER VP OF HUMAN RESOURCES DURING FY 2015 PER SEVERANCE AGREEMENT
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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRENT MARSTELLER, PRESIDENT&CEO (THRU JAN 2015)	(I)	538,425	172,200	176,584	42,554	19,854	949,617	0
	(II)	0	0	0	0	0	0	
KEVIN FOWLER CURRENT, PRESIDENT & CEO	(I)	253,453	0	396	5,572	20,311	279,732	0
	(II)	0	0	0	0	0	0	
DAVID M WARD, SR VP, CFO, & CAO	(I)	315,779	61,025	7,591	24,350	9,868	418,613	0
	(II)	0	0	0	0	0	0	
HOYT BURDICK, SR VP & CMO	(I)	324,922	57,233	1,038	4,661	20,311	408,165	0
	(II)	0	0	0	0	0	0	
GLEN WASHINGTON, VP & CEO PVH	(I)	354,527	0	0	27,629	20,311	402,467	0
	(II)	0	0	0	0	0	0	
PAUL SMITH, VP & GENERAL COUNSEL	(I)	209,995	22,488	1,038	28,277	20,311	282,109	0
	(II)	0	0	0	0	0	0	
ROSEMARY SMITH THRU JUL 2015, VP NURSING SERVICES	(I)	203,046	17,883	1,176	23,922	457	246,484	0
	(II)	0	0	0	0	0	0	
DAVID GRALEY, FORMER VP CHH FOUNDATION	(I)	226,917	0	0	23,321	17,994	268,232	0
	(II)	0	0	0	0	0	0	
BARRY TOURIGNY THRU AUG 2015, VP HUMAN RESOURCES	(I)	226,072	23,651	538	18,880	20,311	289,452	0
	(II)	0	0	0	0	0	0	
DENNIS LEE, VP & CIO	(I)	193,828	24,875	615	5,838	20,311	245,467	0
	(II)	0	0	0	0	0	0	
LISA CHAMBERLAIN STUMP, VP STRATEGIC MARKETING & PLAN	(I)	178,729	19,239	840	5,357	20,311	224,476	0
	(II)	0	0	0	0	0	0	
TIM MARTIN, VP ANCILLARY & SUPPORT	(I)	194,917	22,560	585	5,871	20,311	244,244	0
	(II)	0	0	0	0	0	0	
JOY PELFREY, VP & CNO	(I)	203,527	12,946	0	11,433	20,311	248,217	0
	(II)	0	0	0	0	0	0	
HAROLD E PRESTON, VP PHYSICIANS SERVICES & MANAG	(I)	184,636	18,526	90	1,422	20,311	224,985	0
	(II)	0	0	0	0	0	0	
AHMET OZTURK MD, ANESTHESIOLOGIST	(I)	551,051	0	396	21,500	20,311	593,258	0
	(II)	0	0	0	0	0	0	
DAVID COOK MD, OPHTHALMOLOGIST	(I)	479,398	0	396	0	20,311	500,105	0
	(II)	0	0	0	0	0	0	
MICHAEL VEGA MD, ANESTHESIOLOGIST	(I)	445,543	0	138	11,917	20,311	477,909	0
	(II)	0	0	0	0	0	0	
JOHN DAVIS MD, ANESTHESIOLOGIST	(I)	431,739	0	48	0	20,311	452,098	0
	(II)	0	0	0	0	0	0	
JOSEPH DELAPA II MD, ANESTHESIOLOGIST	(I)	426,507	0	60	0	9,868	436,435	0
	(II)	0	0	0	0	0	0	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WV HOSPITAL FINANCE AUTHORITY 2008 SERIES A	62-1256910	956622YU2	10-16-2008	48,480,000	REFUND SERIES 2004B BONDS		X		X		X
B	WV HOSPITAL FINANCE AUTHORITY 2008 SERIES B	62-1256910	956622YVO	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	5,820,000	5,710,000	2,568,416	1,861,744
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				2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			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		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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,189,266			
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
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).

Return Reference	Explanation
part 2, line 11, "column a $1,052,357 is the amount of proceeds used to	

Return Reference	Explanation
reimburse the hospital for amounts prepaid for capital expenditures for	

Return Reference	Explanation
the same project	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CARI BURCK	FAMILY MEMBER	136,552	REPORTABLE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV	FAMILY MEMBER OF BRADLEY BURCK, FOUNDATION VP

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public Inspection

Name of the organization	Employer identification number
CABELL HUNTINGTON HOSPITAL INC	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 ANALYSIS IS PERFOR MED TO DETERMINE ANY IMPACT TO THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PO LICY SETTING FORTH THE BOARD PHILOSOPHY WITH RESPECT TO THE COMPENSATION OF ITS OFFICERS A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS HAS BEEN DELEGATED THE RESPONSIBILITY FOR ESTABLISHING COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHI EF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER OF THE ORGANIZATION IN KEEPING WITH THE 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 PHYSICIANS FEES $38,009,449, MISCELLANEOUS MEDICAL CONSULTING $28,621,279, COLLECT ION SERVICES $1,652,301, BUSINESS NEGOTIATIONS $14,683,089, VARIOUS OUTSIDE LABOR $1,660,9 61
FORM 990, PART XI, LINE 9	DECREASE IN PENSION LIABILITY $20,722,648, CHANGE IN EFFECTIVE INTEREST RATE SWAP $-2,716, 782, AND NET ASSETS RELEASED FROM RESTRICTIONS $6,486,855
FORM 990, PART XII, LINE 2C	THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

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	(g) 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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TRI-STATE MRI PO BOX 3108 HUNTINGTON, WV 25702 55-0669726	MRI CENTER	WV	CHH INC		-178,427	552,803		No		Yes		50 000 %
(2) OCCUMED LLC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 43-2093064	URGENT CARE C	WV	CHH INC		3,030	878,376		No		Yes		68 460 %
(3) HUNT SURG PROP LP 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-0647723	REAL ESTATE S	WV	CHH INC		88,572	548,559		No			No	43 000 %

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	(i) No
(1) CHH-CABELL DEVELOPMENT CORPORATION 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 62-1184183	OPERATES SURGERY	WV	CHH INC	C	1,607	-48,408	51 000 %		No
(2) MOUNTAIN REGIONAL SERVICES INC PO BOX 636 HUNTINGTON, WV 25711 55-0655843	RECORD OWNER	WV	CHH INC	C	-16,786	460,766	100 000 %	Yes	
(3) MOUNTAIN HEALTH NETWORK INC PO BOX 636 HUNTINGTON, WV 25711 55-0675666	OWNS REAL EST	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.

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CABELL HUNTINGTON HOSPITAL FOUNDATION INC	C	326,184	
OCCUMED LLC	D	639,800	
OCCUMED LLC	O	1,380,810	
OCCUMED LLC	Q	153,233	
HUNTINGTON SURGERY PROPERTIES LP	K	230,817	
CABELL HUNTINGTON HOSPITAL AUXILIARY INC	C	111,800	
PLEASANT VALLEY MEDICAL GROUP INC	B	1,000,000	
PLEASANT VALLEY MEDICAL GROUP INC	O	1,005,232	