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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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) 526-2000

F Name and address of principal officer:
TIM MARTIN
1340 HAL GREER BLVD
HUNTINGTON, WV 25701

G Gross receipts \$ 832,718,219

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

Activities & Governance

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its 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 2020 (Part V, line 2a) 5 3,316

6 Total number of volunteers (estimate if necessary) 6 64

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,045,122

7b Net unrelated business taxable income from Form 990-T, line 39 7b 37,479

Revenue

8 Contributions and grants (Part VIII, line 1h) 23,764,289 25,737,075

9 Program service revenue (Part VIII, line 2g) 651,929,647 664,558,172

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,912,895 27,701,201

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,751,272 4,914,247

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 692,358,103 722,910,695

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 24,978,482 26,973,612

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) 237,093,484 245,322,755

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 389,721,565 415,691,495

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 651,793,531 687,987,862

19 Revenue less expenses. Subtract line 18 from line 12 40,564,572 34,922,833

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,048,996,341 1,087,986,142

21 Total liabilities (Part X, line 26) 702,707,525 625,841,642

22 Net assets or fund balances. Subtract line 21 from line 20 346,288,816 462,144,500

Part II Signature Block

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

Sign Here

Signature of officer
David Ward SENIOR VP/CFO
Type or print name and title

2022-02-09
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

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 \$ 499,426,262 including grants of \$) (Revenue \$ 664,558,172)
	See Additional Data

4b	(Code:) (Expenses \$ 39,462,680 including grants of \$) (Revenue \$)
	See Additional Data

4c	(Code:) (Expenses \$ 26,683,918 including grants of \$ 5,711,651) (Revenue \$)
	See Additional Data

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 565,572,860
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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 Yes	
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 Yes	
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	
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	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	134
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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	3,316			
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			No	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No	
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				
9 Sponsoring organizations maintaining donor advised funds.					
a 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?					
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				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15			No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			No	

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		No
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	Yes	
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		No
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

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

☐ Own website ☒ Another's website ☒ 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) 526-2055

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,597,831	1,153,916	365,410

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 ► 13

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY PHYSICIANS AND SURGEONS, 1600 MEDICAL CENTER DRIVE HUNTINGTON, WV 25701	MEDICAL SERVICES	74,159,214
BAILES CRAIG YON SELLARDS PLLC, 401 TENTH STREET SUITE 500 HUNTINGTON, WV 25701	LEGAL FEES	3,479,724
NORTHSTAR ANESTHESIA OF WV PLLC, 6225 N STATE HIGHWAY 161 SUITE 20 IRVING, TX 75038	MEDICAL SERVICES	8,677,897
BIOFIRE DIAGNOSTICS LLC, PO BOX 802831 KANSAS CITY, MO 64180	MEDICAL SERVICES	1,276,899
RESTORIX HEALTH INC, 445 HAMILTON AVENUE SUITE 800 WHITE PLAINS, NY 10601	MEDICAL SERVICES	1,127,750

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 ► 37

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a	Federated campaigns . . .	1a	
b	Membership dues . . .	1b	
c	Fundraising events . . .	1c	
d	Related organizations	1d	1,787,897
e	Government grants (contributions)	1e	23,949,178
f	All other contributions, gifts, grants, and similar amounts not included above	1f	
g	Noncash contributions included in lines 1a - 1f:\$	1g	
h Total.	Add lines 1a-1f ▶		25,737,075

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Program Service Revenue

2a	NET PATIENT SERVICE REVENUE	Business Code 621990	646,769,654	646,769,654	
b	LABORATORY REVENUE	621500	17,835,321	17,762,135	73,186
c	AEROMED INCOME	623000	-46,803	-46,803	
d					
e					
f	All other program service revenue.				
g Total.	Add lines 2a-2f. ▶		664,558,172		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		4,412,411			4,412,411
4	Income from investment of tax-exempt bond proceeds ▶		0			
5	Royalties ▶		0			
6a	Gross rents	(i) Real 372,818	(ii) Personal			
b	Less: rental expenses	43,848				
c	Rental income or (loss)	328,970	0			
d	Net rental income or (loss) ▶		328,970			
7a	Gross amount from sales of assets other than inventory	(i) Securities 133,017,466	(ii) Other 35,000			
b	Less: cost or other basis and sales expenses	109,707,310	56,366			
c	Gain or (loss)	23,310,156	-21,366			
d	Net gain or (loss) ▶		23,288,790			23,288,790
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0			
b	Less: direct expenses	8b	0			
c	Net income or (loss) from fundraising events ▶		0			
9a	Gross income from gaming activities. See Part IV, line 19	9a	0			
b	Less: direct expenses	9b	0			
c	Net income or (loss) from gaming activities ▶		0			
10a	Gross sales of inventory, less returns and allowances	10a	0			
b	Less: cost of goods sold	10b	0			
c	Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
11a	CAFETERIA	624200	2,134,807			2,134,807
b	OUTSIDE SERVICES	621990	1,381,906	1,381,906		
c	OTHER REVENUE	621990	1,068,564	96,628	971,936	
d	All other revenue					
e Total.	Add lines 11a-11d ▶		4,585,277			
12 Total revenue.	See instructions ▶		722,910,695	665,963,520	1,045,122	29,836,008

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	26,973,612	26,973,612		
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	4,612,350	556,584	4,055,766	
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	181,421,467	148,765,603	32,655,864	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,328,620	5,189,468	1,139,152	
9 Other employee benefits	39,766,909	32,608,865	7,158,044	
10 Payroll taxes	13,193,409	10,818,595	2,374,814	
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,032,313		2,032,313	
c Accounting	180,197		180,197	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	729,596		729,596	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,078,122	80,117,578	16,960,544	
12 Advertising and promotion	1,331,502		1,331,502	
13 Office expenses	8,442,921	3,377,168	5,065,753	
14 Information technology	6,239,868	3,119,934	3,119,934	
15 Royalties	0			
16 Occupancy	33,007,998	24,425,919	8,582,079	
17 Travel	2,250	1,800	450	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	12,862,867	10,290,294	2,572,573	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,965,818	15,478,807	9,487,011	
23 Insurance	4,105,444	3,694,900	410,544	
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	39,097,860	39,097,860		
b MEDICAL SUPPLIES	118,179,586	118,179,586		
c PROVIDER TAX	16,271,276	16,271,276		
d MEDICAL EDUCATION	15,441,890	15,441,890		
e All other expenses	35,721,987	11,163,121	24,558,866	
25 Total functional expenses. Add lines 1 through 24e	687,987,862	565,572,860	122,415,002	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,500	1	3,700	
	2	Savings and temporary cash investments		244,697,966	2	180,911,865	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		77,588,588	4	98,463,121	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		202,004	7	82,685	
	8	Inventories for sale or use		8,626,752	8	8,091,275	
	9	Prepaid expenses and deferred charges		7,801,429	9	3,428,014	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	632,067,519			
	b	Less: accumulated depreciation	10b	374,377,316	258,170,540	10c	257,690,203
	11	Investments—publicly traded securities		203,046,159	11	273,123,510	
	12	Investments—other securities. See Part IV, line 11		9,301,155	12	9,181,703	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		3,565,524	14	3,565,524	
	15	Other assets. See Part IV, line 11		235,992,724	15	253,444,542	
16	Total assets. Add lines 1 through 15 (must equal line 33)		1,048,996,341	16	1,087,986,142		
Liabilities	17	Accounts payable and accrued expenses		93,584,032	17	92,085,578	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		353,182,350	20	341,964,653	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		3,484,120	23	3,058,108	
	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		252,457,023	25	188,733,303	
	26	Total liabilities. Add lines 17 through 25		702,707,525	26	625,841,642	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		346,288,816	27	462,144,500	
	28	Net assets with donor restrictions		0	28	0	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		346,288,816	32	462,144,500	
33	Total liabilities and net assets/fund balances		1,048,996,341	33	1,087,986,142		

Part XI Reconciliation of Net AssetsCheck 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	722,910,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	687,987,862
3	Revenue less expenses. Subtract line 2 from line 1	3	34,922,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	346,288,816
5	Net unrealized gains (losses) on investments	5	3,961,299
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	76,971,552
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	462,144,500

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

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

Form 990 (2020)

Form 990, Part III, Line 4a:

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 3,300 INDIVIDUALS. DURING FISCAL YEAR 2021, 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. THE ORGANIZATION ALSO OPERATES A CHILDREN'S HOSPITAL. THE CHILDREN'S HOSPITAL UNIT HAS 71 BEDS WITH 36 BEDS IN THE LEVEL III NEONATAL INTENSIVE CARE UNIT, 25 BEDS IN THE GENERAL PEDIATRICS UNIT, AND 10 BEDS IN THE PEDIATRIC INTENSIVE CARE UNIT. IT ALSO HAS A NEONATAL THERAPEUTIC UNIT. THE HOSPITAL IS GOVERNED BY A VOLUNTARY BOARD OF INDEPENDENT CITIZENS OF THE COMMUNITY. DURING THE FISCAL YEAR 2021, THE HOSPITAL PROVIDED SERVICES TO 15,199 INPATIENTS, WHICH RESULTED IN PROVIDING 99,232 DAYS OF CARE. THE ORGANIZATION ALSO PROVIDED CARE TO 588,782 OUTPATIENTS. THIS INCLUDED 47,120 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 INCLUDED 17,104 OUTPATIENT SURGICAL PROCEDURES AND 19,353 HOME HEALTH VISITS.

Form 990, Part III, Line 4b:

CABELL HUNTINGTON HOSPITAL IS VERY INVOLVED WITH THE COMMUNITY IT SERVES. DURING THE FISCAL YEAR 2021, IT HELD NUMEROUS EVENTS, INCLUDING HEALTH SCREENINGS, EDUCATION OUTREACH, HEALTH FAIRS, AND COMMUNITY TRAINING. OVER 1,000 PEOPLE ATTENDED THESE EVENTS THAT TOOK PLACE MAINLY BETWEEN MAY 2021 AND SEPTEMBER 2021 DUE TO COVID-19. THE COST ASSOCIATED WITH THESE ACTIVITIES IS \$111,151. THE ORGANIZATION ALSO GIVES BACK TO THE COMMUNITY BY PARTICIPATING IN VARIOUS PROGRAMS THAT PROMOTE HEALTHY AND SAFE LIFESTYLES FOR THE PEOPLE THAT LIVE HERE. THE HOSPITAL GAVE \$32,435 FOR THE SUPPORT OF HUNTINGTON'S KITCHEN PROGRAM THAT PROMOTES HEALTHY EATING LIFESTYLES. IT PROMOTES KID'S HEALTHY EXERCISE PROGRAMS BY PROVIDING A KIDS PLAYGROUND AT THE HUNTINGTON MALL WITH ANNUAL COSTS OF \$32,554. WE PROVIDE SERVICE TO EBENEZER OUTREACH WHICH IS A CLINIC FOR CITIZENS WITH LOW INCOME (\$37,505). THE AMOUNT OF \$10,000 WAS GIVEN TO THE HUNTINGTON MUSEUM OF ART FOR THE PROGRAM "ART FOR MEDICINE" FOR THE EDWARDS COMPREHENSIVE CANCER CENTER PATIENTS. THE AMOUNT OF \$2,500 WAS GIVEN TO THE HUNTINGTON CITY MISSION FOR THEIR FIGHTING HUNGER PROGRAM. THE AMOUNT OF \$7,500 WAS GIVEN TO SHEPHERD'S HOUSE THAT ASSISTS RESIDENTS WITH ADDICTION RECOVERY. THE AMOUNT OF \$8,000 WAS GIVEN TO SUPPORT FAITH HEALTH APPALACHIA WHOSE MISSION IS TO BE A CONDUIT OF TRANSFORMATION THAT CONNECTS COMMUNITY RESOURCES, HOSPITALS, FAITH COMMUNITIES, HEALTH CARE FACILITIES, AND SOCIAL SERVICE PROGRAMS THAT IS BASED ON TRUTH, CARE, AND EDUCATION TO IMPROVE THE TOTAL WELLNESS OF INDIVIDUALS AND COMMUNITY. 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 \$21,532,609 (WHICH IS NETTED AGAINST REVENUES) AND BAD DEBT EXPENSE WAS \$39,097,860. THE HOSPITAL CONSIDERS ALL OF THIS A COMMUNITY SERVICE.

Form 990, Part III, Line 4c:

CABELL HUNTINGTON HOSPITAL IS A TEACHING HOSPITAL THAT IS ASSOCIATED WITH MARSHALL UNIVERSITY SCHOOLS OF MEDICINE, NURSING, AND PHARMACY. 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 2021, 248 INTERNS, FELLOWS, AND RESIDENTS ROTATED THROUGH THE HOSPITAL. .

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			
MICHAEL MULLINS FORMER PRESIDENT & CEO MHN	0.0 45.0						X	0	1,153,916	35,739
KEVIN FOWLER FORMER PRESIDENT & CEO	45.0 0.0						X	677,622	0	22,983
AHMET OZTURK MD ANESTHESIOLOGIST	45.0 0.0					X		605,568	0	22,983
DAVID M WARD SR VP, CFO	45.0 0.0			X				540,288	0	20,420
TIMOTHY DAMRON MD CARDIOLOGIST	45.0 0.0					X		505,918	0	35,739
HOYT BURDICK SR VP & CMO	45.0 0.0			X				490,411	0	22,020
MARK ARROLOGA MD ANESTHESIOLOGIST	45.0 0.0					X		464,946	0	13,804
GHIASSAN MOUFARREGE ANESTHESIOLOGIST	45.0 0.0					X		457,453	0	11,492
BHANU YADIKI MD HOSPITALIST	45.0 0.0					X		400,774	0	22,179
TIM MARTIN COO	45.0 0.0			X				342,328	0	32,197

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SMITH VP & GENERAL COUNSEL	45.0 0.0			X				316,431	0	35,739
LISA C STUMP VP & CHIEF STRATEGY OFFICER	45.0 0.0			X				277,604	0	35,739
DENNIS LEE VP & CIO	45.0 0.0			X				282,466	0	22,179
BRADLEY BURCK VP CHH FOUNDATION	45.0 0.0			X				236,022	0	32,197
CATHERINE LANDERS TREASURER/DIRECTOR	2.0 0.0	X		X				0	0	0
BETH HAMMERS CHAIRMAN/DIRECTOR	2.0 0.0	X		X				0	0	0
SARAH DENMAN VICE CHAIRMAN/DIRECTOR	2.0 0.0	X		X				0	0	0
RANDIE LAWSON SECRETARY/DIRECTOR	2.0 0.0	X		X				0	0	0
DAVID HARRIS DIRECTOR	2.0 0.0	X						0	0	0
RICHARD STEWART DIRECTOR	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF ROWE DIRECTOR	2.0 0.0	X						0	0	0
RANDY MOORE DIRECTOR	2.0 0.0	X						0	0	0
KRISTA DENNING MD DIRECTOR	2.0 0.0	X						0	0	0
DAN O'HANLON DIRECTOR	2.0 0.0	X						0	0	0
PETER RAY MD DIRECTOR	2.0 0.0	X						0	0	0
JOE EVANS MD DIRECTOR	2.0 0.0	X						0	0	0
GREG WOOTEN DIRECTOR	2.0 0.0	X						0	0	0
ANTHONY STRADWICK DIRECTOR	2.0 0.0	X						0	0	0
JOHN LILLER DIRECTOR	2.0 0.0	X						0	0	0
JOSEPH SHAPIRO MD DIRECTOR	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA CLEMENTS DIRECTOR	2.0 0.0	X						0	0	0
MATT STRAUB DIRECTOR	2.0 0.0	X						0	0	0
KEVIN YINGLING PRESIDENT & CEO MHN	0.0 45.0			X				0	0	0

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

OMB No. 1545-0047

2020

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 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2019 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
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 I of Schedule L (Form 990 or 990-EZ).		
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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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.		
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.		

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).		

Section D. All Type III Supporting Organizations

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

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)		
2 Activities Test. Answer lines 2a and 2b 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.		
b Did the activities described in line 2a 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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
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.		

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 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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)		

Part V

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		39,465
j	Total. Add lines 1c through 1i			39,465
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 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (NACH) WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBERS. A PORTION OF THE DUES PAID TO WVHA AND NACH HAVE BEEN ALLOCATED TO LOBBYING ACTIVITIES, WHICH AMOUNTED TO \$14,465. 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. THE ORGANIZATION ALSO ENGAGED PACK GOVERNMENT SOLUTIONS, LLC. TO LOBBY THE WEST VIRGINIA LEGISLATURE, MONITOR LEGISLATION, FACILITATE MEETINGS WITH LAWMAKERS, AND FOR GENERAL ADVOCACY FOR THE HOSPITAL INDUSTRY. THESE LOBBYING ACTIVITIES AMOUNTED TO \$25,000.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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

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

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2020

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	630,000				
b Contributions	2,689,610	630,000			
c Net investment earnings, gains, and losses	255,300				
d Grants or scholarships	0				
e Other expenditures for facilities and programs	0				
f Administrative expenses	0				
g End of year balance	3,574,910	630,000			

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 ▶ 100.000 %

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,675,147		6,675,147
b Buildings		298,750,460	108,416,264	190,334,196
c Leasehold improvements				
d Equipment		303,718,028	258,797,484	44,920,544
e Other		22,923,884	7,163,568	15,760,316
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				257,690,203

Schedule D (Form 990) 2020

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MISCELLANEOUS OTHER ASSETS	21,597,182
(2) OTHER RECEIVABLES	38,035,798
(3) ESTIMATED SETTLEMENT THIRD-PAR	16,420,715
(4) INVESTMENT IN SMMC	174,265,192
(5) RIGHT OF USE ASSETS	3,125,655
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	253,444,542

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ESTIMATED THIRD PARTY SETTLEME	2,043,645
(3) DERIVATIVE FINANCIAL INSTRUMEN	10,521,001
(4) ACCRUED POST RETIREMENT BENEFI	111,423,723
(5) ACCRUED PROFESSIONAL LIABILITI	10,106,000
(6) TAX DEFERRALS	3,766,624
(7) LEASE OBLIGATIONS	4,278,873
(8) CONTRACT LIABILITY MEDICARE ADVANCES	44,051,437
(9) DEF GAIN/OTHER LIABILITIES	2,542,000
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	188,733,303

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUND WAS ESTABLISHED FOR THE EXCLUSIVE BENEFIT OF THE HOOPS FAMILY CHILDREN'S HOSPITAL AT CABELL HUNTINGTON HOSPITAL.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	MANAGEMENT ANNUALLY REVIEWS ITS TAX PROVISIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS AT SEPTEMBER 30, 2021 AND 2020.

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
ESTIMATED THIRD PARTY SETTLEMENTS	2,043,645
DERIVATIVE FINANCIAL INSTRUMENTS	10,521,001
ACCRUED POST RETIREMENT BENEFITS	111,423,723
ACCRUED PROFESSIONAL LIABILITIES	10,106,000
TAX DEFERRALS	3,766,624
LEASE OBLIGATIONS	4,278,873
CONTRACT LIABILITY MEDICARE ADVANCES	44,051,437
DEFERRED GAIN/OTHER LIABILITIES	2,542,000

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

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 _____ % 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 _____ % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	No
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	No
		6b	

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)			696,228		696,228	0.110 %
b Medicaid (from Worksheet 3, column a)			167,810,989	69,795,593	98,015,396	15.110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			168,507,217	69,795,593	98,711,624	15.220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			138,406	27,255	111,151	0.020 %
f Health professions education (from Worksheet 5)			26,683,918	5,711,651	20,972,267	3.230 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			667,871	9,710	658,161	0.100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			83,175		83,175	0.010 %
j Total. Other Benefits			27,573,370	5,748,616	21,824,754	3.360 %
k Total. Add lines 7d and 7j			196,080,587	75,544,209	120,536,378	18.580 %

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					
3	Community support		68,000		68,000	0.010 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		102,494		102,494	0.020 %
8	Workforce development					
9	Other					
10	Total		170,494		170,494	0.030 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare 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

11,608,155

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

2,321,631

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

131,603,876

6

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

6

243,431,225

7

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

7

-111,827,349

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

(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/URGENT CARE	78.97 %		21.03 %
2 HUNTINGTON SURGERY P	REAL ESTATE/LEASES	51 %		49 %
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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
CABELL HUNTINGTON HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The 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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>www.cabellhuntington.org</u>		
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 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.cabellhuntington.org</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CABELL HUNTINGTON HOSPITAL INC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150. % and FPG family income limit for eligibility for discounted care of 0. % 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)	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): 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)	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a ☒ The FAP was widely available on a website (list url): www.cabellhuntington.org b ☒ The FAP application form was widely available on a website (list url): www.cabellhuntington.org c ☒ A plain language summary of the FAP was widely available on a website (list url): www.cabellhuntington.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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☐ Other (describe in Section C)	16	Yes

Part V Facility Information (continued)**Billing and Collections**

CABELL HUNTINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

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

CABELL HUNTINGTON HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 15

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO WAS CALCULATED USING THE IRS WORKSHEET 2. THE TOTAL OPERATING EXPENSES WERE ADJUSTED FOR NON-PATIENT ACTIVITIES, MEDICAID TAXES, AND COMMUNITY BENEFIT AND BUILDING EXPENSES BEFORE CALCULATING THE RATIO.
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 \$39,097,860.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II	THE HOSPITAL'S COMMUNITY-BUILDING ACTIVITIES, AS REPORTED IN PART II, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES. DURING FY 2021, THE HOSPITAL COMMUNITY-BUILDING ACTIVITIES REACHED OUT TO NUMEROUS ORGANIZATIONS THAT SERVE INDIVIDUALS WITHIN THE DIRECT COMMUNITIES SERVED. FUTURE ACTIVITIES ARE DETERMINED BASED UPON THE COMMUNITY HEALTH 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 AND CONTINUE. 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: 1) SHEPHERD'S HOUSE, WHICH IS AN ORGANIZATION THAT ASSISTS RESIDENTS TO GAIN LIVING SKILLS THAT EMPOWER THEM TO TAKE RESPONSIBILITY FOR THEIR LIVES, 2) COALFIELD DEVELOPMENT, A NON-PROFIT CORPORATION ASSISTING AND GROWING THE OPPORTUNITIES IN CERNTAL APPALACHIA, 3) HUNTINGTON MUSEUM OF ART PROGRAM FOR CHEMOTHERAPY PATIENTS AT THE HOSPITAL, 4) EBENEZER MEDICAL OUTREACH PROGRAM TO ASSIST THOSE WHO CANNOT AFFORD NEEDED MEDICATIONS AND TO HELP CONTINUE HOUSING A FREE CLINIC TO SERVE THE COMMUNITY, 5) HUNTINGTON'S KITCHEN CONTINUED OPERATIONS TO PROMOTE HEALTHY EATING HABITS FOR KIDS AND ADULTS IN THE COMMUNITY, 6) HUNTINGTON CITY MISSION FOOD PROGRAM TO HELP PROVIDE FOOD FOR INDIVIDUALS THAT HAVE NO PERMANENT HOME, 7) FAITHHEALTH APPALACHIA, A PROGRAM TO PROMOTE PASSION FOR A HOLISTIC APPROACH TO WELLNESS WHICH FOCUSES ON MIND, BODY, AND SPIRIT THROUGH BRIDGING TOGETHER OF HEALTHCARE, FAITH COMMUNITIES AND COMMUNITY, AND 8) NUMEROUS OTHER SUPPORT FOR THE SAME TYPES OF MISSIONS.
PART III, LINE 4	FINANCIAL STATEMENT FOOTNOTE: SEE FOOTNOTE #5 ON PAGE 16 OF THE AUDITED FINANCIAL STATEMENTS. THE METHODOLOGY USED TO DETERMINE THE COST FOR LINE 2 IS THE METHOD SUGGESTED IN THE INSTRUCTIONS FOR WORKSHEET 2, 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 3 IS A PERCENTAGE DERIVED BY LOOKING AT THE HISTORICAL PERCENTAGES OF UNINSURED AND SELF-INSURED PATIENTS IN THE COMMUNITY SERVED. 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 MOST LIKELY QUALIFY. THESE PATIENTS STILL NEED TO BE TREATED AND THIS IS WHY THE ORGANIZATION BELIEVES THIS SHOULD BE TREATED AS A COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

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 ARE DERIVED FROM THE MEDICARE COST REPORT AND ARE ALLOCATED TO CARRIER BY GROSS CHARGE RATIO AFTER THEY ARE ADJUSTED FOR COSTS THAT ARE INCLUDED IN PART I, LINE 7F.
PART III, LINE 9B	THE HOSPITAL HAS INCLUDED IN ITS FINANCIAL ASSISTANCE POLICY, THE COLLECTION PROCEDURES THAT WILL BE FOLLOWED FOR PATIENTS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE HOSPITAL SEEKS TO DETERMINE WHETHER A PATIENT IS ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. IF THE PATIENT HAS NOT BEEN DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO DISCHARGE OR SERVICE, THE HOSPITAL WILL BILL FOR CARE. PATIENTS WILL RECEIVE A SERIES OF BILLING STATEMENTS OVER A 120 DAY PERIOD BEGINNING AFTER THE PATIENT HAS BEEN DISCHARGED DELIVERED TO THE ADDRESS ON RECORD FOR THE PATIENT. THE PATIENT HAS UP TO THIS 120 DAY WINDOW TO HAVE AN APPLICATION PROCESSED OR PENDING. THEY WILL NOT BE SENT TO ANY COLLECTION AGENCIES/LAW FIRMS UNTIL THE APPLICATION IS PROCESSED AND THEN ONLY IF IT IS NOT APPROVED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	THE HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A NEEDS ASSESSMENT AND CONSULTING WITH HEALTHCARE PROVIDERS SUCH AS MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE AND VARIOUS COMMUNITY AGENCIES. THE 2019 COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED IN SEPTEMBER 2019 ALONG WITH ST. MARY'S MEDICAL CENTER ALSO LOCATED IN HUNTINGTON, WV. THE ASSESSMENT REPRESENTS THE COMMUNITY THE HOSPITALS SERVE WHICH INCLUDES 23 COUNTIES THAT SPAN INTO WEST VIRGINIA, OHIO, AND KENTUCKY. 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 .
PART VI, LINE 3	THE HOSPITAL HAS INFORMATION ABOUT ITS CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES AND APPLICATIONS AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AS WELL AS ITS WEBSITE. THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS WHO VISIT INPATIENTS IN ELIGIBLE FINANCIAL CLASSES TO PROVIDE INFORMATION ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE AS WELL AS RESPONDING TO INQUIRIES FROM OUTPATIENTS REGARDING PROVIDING ASSISTANCE WITH THE 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 AND FINANCIAL ASSISTANCE POLICIES AND OBTAIN INFORMATION REGARDING THEIR ELIGIBILITY FOR CHARITY CARE AND FINANCIAL ASSISTANCE. THE HOSPITAL ALSO CONTRACTS WITH MEDICAID ELIGIBILITY SPECIALISTS TO ASSIST THOSE PATIENTS WHO QUALIFY FOR MEDICAID. INFORMATION ABOUT THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES AND PROCESS IS POSTED ON THE HOSPITAL'S WEBSITE, HTTPS://CABELLHUNTINGTON.ORG .

990 Schedule H, Supplemental Information

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. THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREA CONSISTS OF THIRTEEN COUNTIES IN WEST VIRGINIA, SIX COUNTIES IN KENTUCKY, AND FOUR COUNTIES IN OHIO, ALL OF WHICH CONTAIN MEDICALLY UNDERSERVED AREAS AS DESIGNATED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES. NINETY-FIVE PERCENT (95%) OF THE TOTAL ADMISSIONS ORIGINATE FROM THIS SERVICE AREA. ACCORDING TO OUR MOST RECENT CHNA, THE MEDIAN AGE IN THIS SERVICE AREA IS 43.0. THE AVERAGE MEDIAN HOUSEHOLD INCOME FOR THIS SERVICE AREA IS APPROXIMATELY \$42,954. MORE THAN 1 IN 4 CHILDREN IN THIS SERVICE AREA ARE CURRENTLY LIVING IN POVERTY. THE UNEMPLOYMENT RATE IS APPROXIMATELY 5.1%. THE HOSPITAL IS AFFILIATED WITH THE MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE AND ITS GRADUATE MEDICAL EDUCATION PROGRAMS, WHICH TRAIN 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, COMPREHENSIVE ONCOLOGY CARE, AND BARIATRIC 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.
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. 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, FAMILY MEMBERS, ELECTED PUBLIC OFFICIALS, OR EMPLOYED BY THE LOCAL, STATE, OR FEDERAL GOVERNMENT. THE HOSPITAL PROVIDES SPECIALIZED SERVICES NOT OTHERWISE AVAILABLE TO 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES FACTOR IN DETERMINING CRITERIA FOR FINANCIAL ASSISTANCE, THE PATIENT NEEDS TO BE UNINSURED, A UNITED STATES CITIZEN, AND NOT HAVE ASSETS IN EXCESS OF \$50,000. THE \$50,000 ASSET LIMITATION EXCLUDES THE PATIENT'S PRIMARY RESIDENCE AND PRIMARY CAR. ADDITIONALLY, PATIENTS WHO EXPERIENCE FINANCIAL OR PERSONAL HARDSHIPS OR SPECIAL MEDICAL CIRCUMSTANCES MAY ALSO QUALIFY FOR FINANCIAL ASSISTANCE.

Additional Data

Software ID:

Software Version:

EIN: 55-0675666

Name: CABELL HUNTINGTON HOSPITAL INC

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

Section A. Hospital Facilities		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
(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											
1	CABELL HUNTINGTON HOSPITAL INC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 CABELLHUNTINGTON.ORG	X	X	X	X			X			

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	IN THE SEPTEMBER 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, CABELL HUNTINGTON HOSPITAL (CHH) SOLICITED INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTEREST OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. CHH CARES FOR PATIENTS THROUGHOUT WEST VIRGINIA, EASTERN KENTUCKY, AND SOUTHERN OHIO. THE HOSPITAL CONSULTED KEY INFORMANTS FROM THE FOLLOWING ORGANIZATIONS: Aetna Better Health of Kentucky Bethel Temple Assembly of God Bon Secours Kentucky Boone Memorial Hospital Cabell County EMS Cabell County EMS Huntington Quick Response Team Cabell Huntington Health Department Cabell Huntington Hospital Christ Church Christ Presbyterian Church Cox Landing United Methodist Church FaithHealth Appalachia Huntington City Mission Huntington Internal Medicine Group KVC Behavioral Healthcare WV Lawrence County Coroner Office and LCEMS Lawrence County Health Department Lily's Place Lincoln County Schools Madison Avenue Christian Church Marshall Health Marshall University Marshall University School of Medicine Ebenezer Medical Outreach Midland Behavioral Health Milton Presbyterian Church Mingo County Health Department Mountain Health Network Northstar Anesthesia Our Lady Of Bellefonte Hospital Pleasant Valley Hospital Pretera Center Quality Insights Radiology, Inc. ReClaim Church St. Mary's Medical Center Thomas Health United Way of the River Cities Unlimited Future, Inc. Valley Health Systems, Inc. Vista/Church WeCare Medical WV Department of Health & Human Resources WV House of Delegates THESE ORGANIZATIONS WERE REPRESENTED BY PROFESSORS, PHYSICIANS, MID-LEVEL HEALTH CARE PROVIDERS, NURSES, CEOS, CFOS, DIRECTORS OF FACILITIES, PASTORS, AND OTHER CITIZENS OF THE SERVICE AREA. PART V, SECTION B, LINE 6A THE SEPTEMBER 2019 CHNA WAS CONDUCTED ALONG WITH ST. MARY'S MEDICAL CENTER. BOTH HOSPITALS ARE LOCATED IN HUNTINGTON, WEST VIRGINIA.

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, LINE 11 COMMUNITY-BUILDING ACTIVITIES	Despite many programs continuing to be affected by the COVID-19 pandemic, Cabell Huntington Hospital (CHH) participated in a number of community-building activities between October 1, 2020 and September 30, 2021 to promote wellness and help enrich the lives of people in the Tri-State. Some of these are as follows: Community Health Screenings CHH participated in discounted health screenings for health issues, such as cholesterol, blood sugar, diabetic foot screenings, and osteoporosis. Education about stroke, joint replacement surgery, and risk factors for diabetes and other health issues was also provided. CHH also provided free flu shot clinics to the community. FaithHealth Appalachia (FHA) Based on the FaithHealth Model first deployed by the Wake Forest Baptist Medical Center's FaithHealth Program, FaithHealth Appalachia's mission is to "Be the Bridge," a conduit of transformation that connects community resources, hospitals, faith communities, health care facilities and social service programs that are based on truth, care, and education to improve the total wellness of individuals and community. CHH supports the mission of FHA as a model to increase access to medical care and other resources to local congregations, and employs its Executive Director in the CHH Pastoral Care/Chaplaincy department. Huntington's Kitchen Huntington's Kitchen is a community center, where people come to learn, cook and experience every thing that well-prepared food and healthy living have to offer. The facility boasts a fully equipped kitchen that accommodates up to 16 cooking students while the classroom can hold 75 students. During COVID-19, there have been limited number of people to attend the sessions. The mission of Huntington's Kitchen is simple: To help prevent and reduce diet-related disease through education about healthy food and healthy cooking. Our goal is to share information with everyone, regardless of cooking experience. Classes typically feature activities related to: cooking basics recipes and ingredients nutrition basics using local and seasonal food shopping on a budget During the pandemic, the Kitchen offered healthy cooking classes via Facebook Live. Huntington's Kitchen is a community outreach program of Cabell Huntington Hospital. The kitchen is the home of Marshall University's Department of Dietetics, and also partners with the West Virginia Extension office, the Cabell County Drug Rehabilitation Court and Facing Hunger Foodbank to teach community members how to prepare healthy meals using fresh produce and canned goods typically distributed through food banks. The Kitchen also provides healthy cooking classes for community organizations and children over the age of 12. Edwards Comprehensive Cancer Center (ECCC) One of our employees, a registered dietitian and nutritionist, provides information to community members regarding nutrition and education for cancer patients and their families. She hosts a monthly educational class, open to the p

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

Form and Line Reference	Explanation
PART V, LINE 11 COMMUNITY-BUILDING ACTIVITIES	ublic, called Cooking with Cancer (hosted at Huntington's Kitchen). As a certified diabetes educator, she also holds nutritional classes for patients and their families on how to prepare healthy diabetic meals. Home Care Medicine CHH Home Care Medicine, in partnership with Marshall Health, provides pre and post-acute care for home-bound patients ages 18 and older, throughout the Tri-State. A physician referral is not necessary to receive services . CHH Home Care Medicine offers: physical examinations, disease management, medication management, coordination of lab and X-ray services and coordination of care (hospice, home health and hospitalization). Chertow Diabetes Center CHH Collaborates with the Chertow Diabetes Center at Marshall University to provide patient education, a diabetes support group, diabetes exercise center and other resources for diabetic patients. The Center, which is accredited by the American Diabetes Association, is staffed by a complete team of endocrinologists, diabetes educators and specialty personnel who treat and manage diabetes. Support Groups CHH offers free monthly support groups to the community. Breastfeeding Support Group Diabetes Support Group Perinatal Bereavement Support Group Stroke Recovery Support Group Weight Loss Support Group Alzheimer's Support Group Parkinson's Disease Support Group Recovery Support Group Cabell-Huntington Health Department Harm Reduction Program (HRP) CHH, in conjunction with Marshall Health and St. Mary's Medical Center, supports the HRP. The HRP provides sterile syringes, collects non-sterile (used) syringes, offers Naloxone and rescue breathing training, and acts as points of access to prevention, testing and treatment for blood-borne diseases as well as providing family planning and referrals to medical treatment, social services, mental health and substance use disorder services for Cabell County residents. Hoops Family Children's Hospital Child Advocacy Center (CAC) The Hoops Family Children's Hospital at CHH opened the CAC to offer children and families compassionate care to reduce the trauma often experienced by children who are victims of abuse. The CAC served 316 clients between October 1, 2020 and September 30, 2021. Hoops Family Children's Hospital Maternal Opioid Medical Support (MOMS) program The MOMS program provides addiction treatment services for mothers while their babies recover from neonatal abstinence syndrome (NAS) in the Neonatal Therapeutic Unit (NTU). Services provided include medication-assisted therapy, women's health, contraception, individual and group counseling, case management and pastoral care. The MOMS program served 51 individuals between October 1, 2020 and September 30, 2021. Neonatal Therapeutic Unit (NTU) The NTU at CHH provides care for babies born prenatally exposed to substances that can cause symptoms of withdrawal after birth. The unit is dedicated to caring for the entire family by providing treatment, education and support in a non-judgment

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, LINE 11 COMMUNITY-BUILDING ACTIVITIES	tal environment. Provider Response Organization for Addiction Care and Treatment (PROACT) PROACT'S goal is to offer individuals and their families a viable system that provides positive outcomes. Partner institutions within PROACT include CHH, St. Mary's Medical Center, Marshall Health and Thomas Health. The PROACT center, which opened in 2018, was created to address the clinical, behavioral, spiritual and professional issues of those affected by substance use. It functions as the centralized hub for treatment, recovery, therapy, education, research, workforce opportunities and support for those affected by addiction. Volunteer Service on Community Boards CHH leaders volunteered their time to their communities through service on a number of community boards including: Huntington Regional Chamber of Commerce, Lawrence County Ohio Chamber of Commerce, United Way of the River Cities, Big Brothers/Big Sisters, Facing Hunger Foodbank, Little Victories Animal Rescue and Huntington Symphony Orchestra, to name a few.

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 13(H)	A PATIENT WHO DOES NOT QUALIFY FOR INCOME BASED FINANCIAL ASSISTANCE UNDER THE POLICY, BUT IS UNABLE TO PAY FOR THE COST OF MEDICALLY NECESSARY CARE MAY SEEK ASSISTANCE FOR 1) EXCEPTIONAL CIRCUMSTANCES IN WHICH THE PATIENT CERTIFIES THEY ARE UNDERGOING AN EXTREME PERSONAL OR FINANCIAL HARDSHIP, 2) SPECIAL MEDICAL CIRCUMSTANCES IN WHICH THE PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED BY THIS HOSPITAL'S MEDICAL STAFF OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM THE HOSPITAL FOR CONTINUITY OF CARE, 3) MEDICAID SCREENING WHERE PATIENTS ARE SEEKING CARE MAY BE CONTACTED BY A REPRESENTATIVE TO DETERMINE WHETHER THEY QUALIFY FOR MEDICAID, AND 4) MEDICAID ADJUSTMENTS WHEN A PATIENT QUALIFIES FOR MEDICAID BUT FUNDING IS NOT AVAILABLE TO PAY FOR EMERGENCY SERVICES AND OTHER MEDICALLY NECESSARY CARE.

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

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

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

Name and address	Type of Facility (describe)
1 CABELL HUNTINGTON SURGERY CENTER 1201 HAL GREER BLVD HUNTINGTON, WV 25701	OUTPATIENT SURGERY CENTER
1 CABELL HUNTINGTON PAIN MANAGEMENT CENTER 1634 13TH AVENUE HUNTINGTON, WV 25701	PAIN MANAGEMENT CLINIC
2 CABELL BREAST HEALTH CENTER 1400 HAL GREER BLVD HUNTINGTON, WV 25701	DIAGNOSTIC CENTER
3 SPORTS MEDICINE REHAB SERVICES 2211 THIRD AVENUE HUNTINGTON, WV 25701	SPORTS MEDICINE CLINIC
4 CHH WOMEN'S HEALTH MERRITTS CREEK 104 MEADOW POINTE BARBOURSVILLE, WV 25504	OB-GYN CLINIC
5 CENTER FOR SURGICAL WEIGHT CONTROL 1115 20TH STREET HUNTINGTON, WV 25701	BARIATRIC CENTER
6 WOMEN'S HEALTH 1660 TWELFTH AVENUE HUNTINGTON, WV 25701	OB-GYN OUTPATIENT CLINIC
7 COUNSELING CENTER 517 NINTH STREET HUNTINGTON, WV 25701	COUNSELING SERVICES
8 CHH FAMILY PRACTICE BARBOURSVILLE 4 CHATEAU LANE BARBOURSVILLE, WV 25504	FAMILY OUTPATIENT CLINIC
9 FAMILY MEDICAL CENTER PROCTORVILLE 7718 COUNTY ROAD 107 SUITE 100 PROCTORVILLE, OH 45669	FAMILY OUTPATIENT CLINIC
10 FAMILY MEDICAL CENTER KENOVA 750 OAK STREET KENOVA, WV 25430	FAMILY OUTPATIENT CLINIC
11 FAMILY MEDICAL CENTER MERRITTS CREEK 100 MEADOW POINTE BARBOURSVILLE, WV 25504	FAMILY OUTPATIENT CLINIC
12 WOMEN'S & FAMILY MEDICAL CENTER 1115 20TH STREET HUNTINGTON, WV 25701	FAMILY OUTPATIENT CLINIC
13 WOODLANDS PRIMARY CARE CLINIC 500 BRADLEY FOSTER DR SUITE 267 HUNTINGTON, WV 25701	FAMILY OUTPATIENT CLINIC
14 CHH CANNONSBURG PRIMARY CARE 6572 MIDLAND TRAIL ASHLAND, KY 41102	FAMILY OUTPATIENT CLINIC

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Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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. 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 ARE REQUESTED WITH AN INVOICE AND CHECK REQUEST SIGNED BY THE APPROPRIATE HOSPITAL REPRESENTATIVE.
SCHEDULE I, PART 1, LINE 1 AND 2	THE ORGANIZATION RESPONDS TO REQUESTS FOR ASSISTANCE FROM LEGITIMATE ORGANIZATIONS IN THE COMMUNITY THAT ARE KNOWN TO THE FILING ORGANIZATION. ELIGIBILITY IS BASED ON THE ORGANIZATIONS' MISSIONS (EDUCATION, HEALTHCARE, OR RELATED COMMUNITY BENEFITS), AND SELECTION IS BASED ON WHETHER THE FILING ORGANIZATION BELIEVES THE NEED FOR THE ASSISTANCE IS RESPONSIVE TO ITS MISSION.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBENEZER MEDICAL OUTREACH CENTER 1448 TENTH AVENUE HUNTINGTON, WV 25701	55-0745033	501(C)(3)	37,505		FMV		MEDICAL/PHARMACY
MARSHALL UNIVERSITY JOAN C EDWARDS SOM ONE JOHN MARSHALL DR HUNTINGTON, WV 25701	55-6000789	501(C)(3)	26,911,107		FMV		MEDICAL SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL UNIVERSITY FOUNDATION INC 519 JOHN MARSHALL DRIVE HUNTINGTON, WV 25703	55-6011111	501(C)(3)	20,000		FMV		EDUCATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b 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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

[illegible]

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, FORMER 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 AND 4B	LINE 4A PAYMENTS OF \$206,643 WERE MADE TO KEVIN FOWLER UNDER A SALARY CONTINUATION AGREEMENT AND PAYMENTS OF \$270,769 WERE MADE TO MICHAEL MULLINS UNDER A SALARY CONTINUATION AGREEMENT. LINE 4B THE FOLLOWING PAYMENTS WERE CONTRIBUTED TO A 457(F) PLAN: DAVID M. WARD, SR VP, CFO, & CAO \$ 58,749 PAUL SMITH, VP & GENERAL COUNSEL 40,990 DENNIS LEE, VP & CIO 37,133 LISA CHAMBERLIN STUMP, VP STRATEGIC MARKETING & PLAN 36,423
PART 1, LINE 4C	BONUSES WERE PAID TO VPS/OFFICERS BUT NOT EQUITY BASED. KEVIN FOWLER, PRESIDENT/CEO; DAVID M. WARD, SR VP, CFO; PAUL SMITH, VP & GENERAL COUNSEL; DENNIS LEE, VP & CIO; LISA CHAMBERLIN STUMP, VP & CHIEF STRATEGY OFFICER; HOYT BURDICK, SR VP & CMO; TIM MARTIN, COO; BRADLEY BURCK, VP CHH FOUNDATION & PLAN PARTICIPATED IN A 457(F) 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KEVIN FOWLER FORMER PRESIDENT & CEO	(i)	611,796	58,704	7,122		22,983	700,605	
	(ii)							
1DAVID M WARD SR VP, CFO	(i)	485,267	39,994	15,027		20,420	560,708	
	(ii)							
2HOYT BURDICK SR VP & CMO	(i)	447,278	35,201	7,932		22,020	512,431	
	(ii)							
3MARK ARROLOGA MD ANESTHESIOLOGIST	(i)	464,441		505		13,804	478,750	
	(ii)							
4PAUL SMITH VP & GENERAL COUNSEL	(i)	289,207	22,713	4,511		35,739	352,170	
	(ii)							
5BRADLEY BURCK VP CHH FOUNDATION	(i)	220,273	14,232	1,517		32,197	268,219	
	(ii)							
6DENNIS LEE VP & CIO	(i)	259,967	20,437	2,062		22,179	304,645	
	(ii)							
7BHANU YADIKI MD HOSPITALIST	(i)	400,214		560		22,179	422,953	
	(ii)							
8TIM MARTIN COO	(i)	314,666	26,011	1,651		32,197	374,525	
	(ii)							
9LISA C STUMP VP & CHIEF STRATEGY OFFICER	(i)	255,794	20,184	1,626		35,739	313,343	
	(ii)							
10MICHAEL MULLINS FORMER PRESIDENT & CEO MHN	(i)							
	(ii)	1,070,151	81,443	2,322		35,739	1,189,655	
11AHMET OZTURK MD ANESTHESIOLOGIST	(i)	598,446		7,122		22,983	628,551	
	(ii)							
12GHASSAN MOUFARREGE ANESTHESIOLOGIST	(i)	456,163		1,290		11,492	468,945	
	(ii)							
13TIMOTHY DAMRON MD CARDIOLOGIST	(i)	502,217		3,701		35,739	541,657	
	(ii)							

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number

55-0675666

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622YUZ	10-16-2008	48,480,000	REFUND SERIES 2004B BONDS		X		X		X
B WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622YVO	10-16-2008	48,475,000	REFUND SERIES 2004C BONDS		X		X		X
C THE CITY OF HUNTINGTON WV	62-1256910	956622S54	09-12-2018	256,037,162	HOSPITAL REFUNDING BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	15,910,000		16,190,000		5,120,000			
2	Amount of bonds legally defeased	0		0		20,956,296			
3	Total proceeds of issue	48,480,000		48,475,000		256,037,162			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	806,255		0		2,498,656			
8	Credit enhancement from proceeds	644,009		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		83,204,024			
11	Other spent proceeds	0		0		149,378,186			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X				X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?					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		
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		
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 %			
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		
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		
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		
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		

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?	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		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
b Name of provider	CITIBANK		CITIBANK		0			
c Term of hedge	2580 %		2580 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
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		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART 2, LINES 7 AND 8, COLUMN B, 1 OF 2	BONDS IN COLUMN A AND COLUMN B WERE ISSUED SIMULTANEOUSLY AND ISSUANCE COSTS WERE FOR BOTH ISSUES

Return Reference	Explanation
PART 2, LINE 11, "OTHER SPENT PROCEEDS", COLUMN C, 1 OF 2	PURPOSE OF ISSUE WAS TO REFUND TAXABLE DEBT

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

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

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	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) JEFFERY BURDICK	FAMILY MEMBER	152,699	REPORTABLE COMPENSATION		No
(2) KEVIN FOWLER	OFFICER		OFFICER FOR HEALTHNET		No
(3) MONTE WARD	OFFICER		DIRECTOR FOR HEALTHNET		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV	LINE (1): FAMILY MEMBER OF HOYT BURDICK, SR VP & CMO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
CABELL HUNTINGTON HOSPITAL INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection****Employer identification number**

55-0675666

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MOUNTAIN HEALTH NETWORK, INC.(MHN): ONLY ONE EMPLOYEE COMPENSATED BY MHN DURING THIS YEAR AND THAT WAS MICHAEL MULLINS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CHAIRMAN OF THE BOARD APPOINTS FIFTEEN OF THE EIGHTEEN DIRECTORS FOLLOWING CONSULTATION WITH A NOMINATING COMMITTEE CONSTITUTED AS PROVIDED IN THE GOVERNING BODY BYLAWS AND APPROVED BY A MAJORITY OF THE BOARD OF DIRECTORS. IN DOING THIS, THE BOARD AND CHAIRMAN TAKE INTO ACCOUNT THE REQUIREMENTS OF THE LAWS OF THE STATE OF WEST VIRGINIA RELATING TO THE COMPOSITION OF BOARD DIRECTORS OF NONPROFIT HOSPITALS, WHICH PROVIDE THAT AT LEAST 40% OF THE BOARD OF DIRECTORS OF NONPROFIT HOSPITALS SHALL BE COMPOSED OF AN EQUAL PORTION OF CONSUMER REPRESENTATIVES FROM EACH OF THE FOLLOWING FOUR CATEGORIES: SMALL BUSINESSES, ORGANIZED LABOR, ELDERLY PERSONS AND PERSONS WHOSE INCOME IS LESS THAN THE NATIONAL MEDIAN INCOME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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. AFTER REVIEW BY THESE INDIVIDUALS, THE FINAL COPY OF FORM 990 IS PROVIDED TO THE BOARD MEMBERS FOR THEIR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH YEAR, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE SENT AN ANNUAL QUESTIONNAIRE ADDRESSING THE CONFLICT OF INTEREST POLICY. EACH COMPLETED QUESTIONNAIRE IS REVIEWED BY THE VICE PRESIDENT OVER THE RESPECTIVE INDIVIDUAL'S DEPARTMENT AND GENERAL COUNSEL TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT DOES EXIST, AN IN-DEPTH ANALYSIS IS PERFORMED TO DETERMINE ANY IMPACT TO THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION POLICY SETTING FORTH THE BOARD PHILOSOPHY WITH RESPECT TO THE COMPENSATION OF ITS OFFICERS. A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS HAS BEEN DELEGATED THE RESPONSIBILITY FOR ESTABLISHING COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER OF THE ORGANIZATION IN KEEPING WITH THE PHILOSOPHY ESTABLISHED BY THE BOARD. THE COMPENSATION COMMITTEE HAS ENGAGED THE OUTSIDE CONSULTING FIRM OF YAFFE AND ASSOCIATES, A FIRM WHICH SPECIALIZES IN ANALYZING NON-PROFIT EXECUTIVE COMPENSATION. THE OUTSIDE CONSULTING FIRM PERIODICALLY PROVIDES THE COMMITTEE WITH RELEVANT DATA CONCERNING THE COMPENSATION LEVELS OF EXECUTIVES OF HOSPITALS SIMILAR IN SIZE TO THE ORGANIZATION AND IN COMPARABLE GEOGRAPHIC AREAS. THE COMPENSATION COMMITTEE CONSIDERS THIS DATA TOGETHER WITH THE EXTENT TO WHICH PRE-ESTABLISHED GOALS HAVE BEEN ACCOMPLISHED AND THE FINANCIAL PERFORMANCE OF THE HOSPITAL AND ESTABLISHES THE COMPENSATION LEVEL FOR THE CHIEF EXECUTIVE OFFICER. THIS INFORMATION, AS WELL AS THE RECOMMENDATION OF THE CHIEF EXECUTIVE OFFICER IS CONSIDERED BY THE COMPENSATION COMMITTEE IN ESTABLISHING THE COMPENSATION OF THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THROUGH THE IN-HOUSE GENERAL COUNSEL'S OFFICE. THE FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990, AND THUS, CAN BE ALSO FOUND ON GUIDESTAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN PENSION LIABILITY AND INTEREST RATE SWAP, \$76,971,552.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE INTERMITTENTLY PUTS OUT BIDS FOR THE ANNUAL AUDIT AND CHOOSES WHAT FIRM TO GO WITH. DURING THE YEAR AUDITORS MEET WITH THIS COMMITTEE PRIOR TO AUDIT AND AGAIN TWO MONTHS BEFORE PRESENT AUDIT. THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:HEALTHCARE FEES TOTAL FEES:48706852

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 29315349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE LABOR TOTAL FEES:18308125

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:747796

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CABELL HUNTINGTON HOSPITAL INC

Employer identification number
55-0675666

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CABELL HUNTINGTON HOSPITAL FOUNDATION IN PO BOX 1427 HUNTINGTON, WV 25716 31-1096222	FUNDRAISING	WV	501(C)(3)	LINE 12A, I	CHH INC	Yes	
(2)CABELL HUNTINGTON HOSPITAL AUXILIARY INC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-6014510	FUNDRAISING	WV	501(C)(3)	LINE 12A,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)	LINE 3	CHH INCPVH	Yes	
(4)HEALTHNET AEROMEDICAL SERVICES INC 419 BROOKS STREET CHARLESTON, WV 25301 55-0681969	SUPPORT	WV	501(C)(3)	LINE 11	NA		No
(5)ST MARY'S MEDICAL CENTER INC 2900 1ST AVENUE HUNTINGTON, WV 25702 55-0357050	HEALTH SERVIC	WV	501(C)(3)	LINE 3	CHH INC	Yes	
(6)MOUNTAIN HEALTH NETWORK INC PO BOX 636 HUNTINGTON, WV 25711 32-0573122	MANAGEMENT SV	WV	501(C)(3)	LINE 12A,I	CHH INC	Yes	
(7)PROACT INC 800 20TH STREET HUNTINGTON, WV 25701 83-2100850	ADDICTION SVS	WV	501(C)(3)	LINE 12A,I	CHH INC	Yes	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OCCUMED LLC 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701 43-2093064	URGENT CARE	WV	CHH INC	RELATED	-269,156	29,797		No		Yes		78.970 %
(2) HUNT SURG PROP LP 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 55-0647723	REAL ESTATE	WV	CHH INC	RELATED	125,472	538,981		No			No	49.000 %
(3) MHC ACCOUNT CARE 5183 US ROUTE 60 eAST HUNTINGTON, WV 25705 82-1639032	HEALTH SVCS	WV	NA	RELATED	-55,271	47,560		No			No	20.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHH-CABELL DEVELOPMENT CORPORATION 1201 HAL GREER BOULEVARD HUNTINGTON, WV 25701 62-1184183	REAL ESTATE M	WV	CHH INC	C	1,875	-36,492	51.000 %		No
(2) MOUNTAIN REGIONAL SERVICES INC PO BOX 636 HUNTINGTON, WV 25711 55-0655843	RECORD OWNER	WV	CHH INC	C	-1,641	71,863	100.000 %	Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b No

1c Yes

1d Yes

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l No

1m Yes

1n No

1o Yes

1p No

1q Yes

1r Yes

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.

See Additional Data Table

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

Schedule R (Form 990) 2020

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

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	1,787,897	CASH
OCCUMED LLC	A (IV	8,327	CASH
OCCUMED LLC	D	639,657	CASH
OCCUMED LLC	O	1,344,460	CASH
OCCUMED LLC	Q	222,721	CASH
OCCUMED LLC	R	264,966	CASH
HUNTINGTON SURGICAL PROPERTIES LP	K	275,603	CASH
MOUNTAIN HEALTH NETWORK INC	M	990,000	CASH
ST MARY’S MEDICAL CENTER	Q	10,137,886	CASH
MOUNTAIN HEALTH NETWORK INC	Q	132,345	CASH