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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Open to Public Inspection

B Ch	eck ıf a <sub>l</sub>	pplicable Pl	ease	C Name of organization BETHESDA FOUNDATION II	ıc			D Employer	identification number
┌ Add	dress ch	unge	se IRS bel or					23-7374	
┌ Nai	me chai	nge <b>pr</b>	int or	Doing Business As				E Telephone	e number
┌ Init	ial retui	rn <b>S</b> r	pe. See ecific	Number and street (or P.O.	box if mail is not delivered to st	reet address	) Room/suite	(513) 56	
┌ <sub>Ter</sub>	mınatıo		struc- ons.	619 OAK STREET - ACCOU		reet address	) Room, saice	G Gross rec	eipts \$ 75,778,681
	ended i			City or town, state or cour	try, and ZIP + 4				
		n pending		CINCINNATI, OH 45206	•				
, ,,,,,	J. I. Gation	Penamg	F N		! Officer				
			F Nan Ed Oso	ne and address of Princi Ifsky	oai O micer		<b>H(a)</b> Is this affiliat		urn for Yes V No
				AK STREET - ACCOUNT	ING 3 WEST		aiiiia	.63	1 163 1 140
	v ovom	npt status 🔽		NNATI,OH 45206 (3) ◀ (Insert no )	47(a)(1) or		H(b) Are all		
					+/(a)(1) Of   52/		_		list See instructions )
J W	eb site	e: ► WWW	TRIHEA	LTH COM			H(c) Group	Exemption	Number <b>F</b>
V Tun	a of or	rangation 🔽	Cornorat	ion trust association	athor b		L Voor of For	mation 1074	M State of legal domicile OH
<b>к</b> тур	e or org	janization j*	Согрогас	ionij trustij associationij	other F		L Teal of For	mation 1974	M state of legal doffficile. On
Da	et T	Summa	rv						
_ r a				e organization's mission	or most significant activitie				
				_	COMPLISH ITS STRATEG		N AND MEE	T THE HEAL	TH CARE
<u>ပို</u>		CHALLEN							
덛									
E E									
Governance	2	Check this	box 🗀	ıf the organızatıon dısco	ntinued its operations or dis	sposed of	more than 2!	5% of its as:	sets
	3	Number of	voting r	nembers of the governin	g body (Part VI, line 1a) .			3	18
<u> </u>					the governing body (Part V	I, line 1b)			16
Activities &				nployees (Part V, line 2a					513
ទុ		Total numb		•	50				
-				ted business revenue fro	•		<b>'a</b> 0		
	Ь	Net unrela	ted busi	ness taxable income fro	m Form 990-T, line 34 .	•	T		<b>'b</b> 0
					4.1.)		Prio	r Year	Current Year
<u>o</u>	8			d grants (Part VIII, line			4,339,179	+	
Revenue	9				2g)			648,410	<del> </del>
쏦	10 11				), lines 3, 4, and 7d) es 5, 6d, 8c, 9c, 10c, and 1			3,997,89	-
	12		-		ust equal Part VIII, columr	•		113,04	-303,000
	12	12)		ad mies o emodgii 11 (ii	ast equal i art viii, coraiiii	1 (/ / / / / / / / / / / / / / /		9,099,33	7 -6,616,819
	13	Grants ar	nd simila	ar amounts paid (Part IX	column (A), lines 1-3)			4,721,38	5 1,262,205
	14	Benefits p	paid to o	r for members (Part IX,	column (A), line 4)				0
ø	15		other co	ompensation, employee l	enefits (Part IX, column (A	), lines 5-	-	719,380	863,093
Expenses	165	10)	nal fund	rouging food (Dort IV. co		719,300	0 803,093		
<u>Φ</u>	16a			raising fees (Part IX, co					-
页	b	•		penses, Part IX, column (D), I		_)		1 021 42	1 000 040
	17 18	•		Part IX, column (A), line	·	(4 ))		1,831,42	_
	19			enses Subtract line 18	equal Part IX, line 25, colur	IIII (A ))		1,827,15	
± 07	19	Revenue	iess exp	Jenses Subtract fille 18	Hom file 12		Poginni		End of Year
<b>9</b>	20	Total	ata /D==	+ V line 15)			beginnii	ng of Year 99,715,109	
33.48				t X, line 16)				•	· · ·
Net Assets or Fund Balances	21			Part X, line 26)				8,896,72	
	22			d balances Subtract line	e 21 from line 20			90,818,384	69,794,729
Pai	rt II	Signat							
					amined this return, including acco ition of preparer (other than office				
Plea		lk –					2010-	05-14	-
Sign		Signatur	e of office	er			Date		
Here	e		Crofton V						
		Type or	prınt nam	e and title					
		Preparer's			Date		eck if	Preparer's P1	ΓΙΝ (See Gen Inst )
Paid		signature	•			sel em	lf- npolyed 🕨 🦵		
Prepa	arer's			deloitte tax llp			•	FTN: b	
Use (	Only	ıf self-emplo address, and		250 east fifth street suite	± 1900			EIN Þ	
			·	cincinnati, OH 45202	· -			Phone no	(513) 784-7100
May	the IR	ı S dıscuss t	hıs retu	·	vn above? (See instructions	:)			✓ Yes  No

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . .

# Part III Statement of Program Service Accomplishments (See the instructions.)

2 Did the organization undertake any significant program services during the year which were not listed on the prior form 99 or 90-E22	4e	Total program service e:	xpenses \$	2,658,596	Must equal Part IX, I	Line 25, column (B).	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting or make significant changes in how it conducts any program services?  If "Yes," describe these changes on Schedule O  Did the organization cease conducting or make significant changes in how it conducts any program services by expenses services?  If "Yes," describe the exempt purpose a chievement for each of the organizations three largest program services by expenses Section SOI (c) (3) and (4) organizations and 4947 (s) (1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 2,658,996 including grants of \$ 1,262,205) (Revenue \$ 747,477)  Deficial thought and related entities - Hooptal and outcode projects, physican education and research, parameter training, advance health training, and hospice program  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	40				<b>S</b>	) (Revenue \$	)
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 - E27	4d	Other program services	(Describe in Sched	ule O )			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 - E27							
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 - E27							
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 - E27							
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 - E27	4c	(Code	) (Expenses \$	II	ncluding grants of \$	) (Revenue \$	)
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
<ul> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li></ul>	4b	(Code	) (Expenses \$	I	ncluding grants of \$	) (Revenue \$	)
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?							
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			remates mospital and o	acteden projects,	priy siciali cadeatori and i	escaren, parametre danning, dave	ance nearth dailing, and nespice
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	4a						
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	4	Section 501(c)(3) and (4	) organizations and 4	4947 (a)(1) tru	usts are required to re	port the amount of grants a	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_	If "Yes," describe these c	hanges on Schedule	0			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	3	Did the organization ceas	e conducting or mak	e significant o	changes in how it cond	lucts any program	□ Vac ☑ Na
Did the organization undertake any significant program services during the year which were not listed on		·		dule O			i les i No
See Additional Data Table	2			t program serv	vices during the year	which were not listed on	□ Ves □ No
C Additional Data Table	See A	dditional Data Table					

Part IV	Chec	klist o	f Reauire	d S	chedul	es

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$ . •	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

# Part IV Checklist of Required Schedules (Continued)

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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	43			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
·	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	2a	13			
<b>.</b>	return					
b	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during			,		
	return?	• •		3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ing the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	ntrıbut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	provide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property		· ·	_		
	file Form 8282?			7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa	y prem	nums on a personal	_		
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		N o
g	For all contributions of qualified intellectual property, did the organization file Form		•	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization is required?	file a F	orm 1098-C as	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds $a$	and se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the	spons	oring organization, have	8		
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter			70		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
_	facilities					
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-				
_	against amounts due or received from them )	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 $\odot$	n lieu 4	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
-	year	12b				

Section A. Governing Body and Management

No

Yes

11

Νo

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

For each "Yes" response to lines 2-7 below, and for a "No" response to processes, or changes in Schedule O. See instructions.	lines 8 or 9b below, describe the circumstances,
processes, or changes in schedule of see instructions.	, ,

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances processes, or changes in Schedule O. See instructions.	•							
1a	Enter the number of voting members of the governing body 1a	18							
Ь	Enter the number of voting members that are independent 1b	16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8	la	Yes					
Ь	each committee with authority to act on behalf of the governing body?	. 8	ь	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9	a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9	ь						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		.0	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	t							

### Section B. Policies

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

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
  - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Michael Crofton 619 Oak Street 3 West Cincinnati, OH 45206 (513) 569-5126

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

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

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

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

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

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Key employee Officer Institutional Trustee Inclinational Trustee or Prector		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
							-			

# Part VIII Continued

			tion (	(che		all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Highest compensated employee Key employee Officer Institutional Trustee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
							$\vdash$			
							Щ			
1b Total							<b>+</b>	146,305	1,442,152	456,296
2 Total number of individuals (including	those in 1	a) who r		v a d	moi	re thar	n ¢ 1	00 000 in reportabl	Δ	

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

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

### **Section B. Independent Contractors**

from the organization .

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

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
McMurray Inc PO Box 44377 Phoenix, AZ 850644377	layout design and printing	267,987
Harry Walker Agency Inc 333 Lexington Avenue 21st Floor New York, NY 10017	speakers bureau	103,382
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

Ves No

Page **9** 

Part State
VIII

S	ta	te	m	e	n	t	of	R	e	v	e	n	u	e
---	----	----	---	---	---	---	----	---	---	---	---	---	---	---

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	ı				,,
発音	ь	Membership d	ues					
E ₽			1b					
ું ∰	С	Fundraising ev	vents <b>1c</b>	473,202				
#ਨੁ≅	d	Related organ	ızatıons <b>1d</b>					
im.	e	Government gran	nts (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts r	tions, gifts, grants, and not included above <b>1f</b>	1,281,937				
필급	g	Noncash cont	rıbutıons ıncluded ın					
SE	h		154,393 es 1a-1f)		1,755,139			
		Total (Add IIII		<u> </u>				
œ.				Business Code				
nue.	2a	Service Fee		900,099	577,341	577,341		
æ	ь							
Q.	С .		_					
jā Z	d							
ه 3	e							
Program Serwce Revenue	f		ram service revenue					
<u> </u>	g	<b>&gt;</b> \$ 577,341	es 2a-2f					
	3		come (including divi amounts)		2,011,406			2,011,406
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	с	Rental income						
	d	or (loss)  Net rental inco	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	71,243,305	(II) O tilel				
	b	than inventory Less cost or other basis and	81,900,944					
	c	sales expenses Gain or (loss)	-10,657,639					
	d	Net gain or (lo			-10,657,639			-10,657,639
				. •	, ,			, ,
	8a	events (not inc						
Other Revenue		Ψ	1,490 ns reported on line IV, line 18					
è			e G if total exceeds					
<u>.</u>	١.		a	473,202				
ŧ	b c		xpensesb (loss) from fundrais	·	-303,066	-303,066		
_	9a	Gross income	from gaming	<u>►</u>				
			e part IV , line 19 dule G if total					
			а					
	b c		xpensesb	activities				
	10a		f inventory, less	<b>▶</b>				
		returns and all						
	ь		goods sold <b>b</b>					
	С		(loss) from sales of					
		Miscellaneou	is Revenue	Business Code				
	11a							
	ь		_					
	С							
	d	All other rever	nue					
	е	Total. Add line	es 11a-11d	\$				
	12	8c,	.Add lines 1h, 2g, 3		-6,616,819	274,275	0	-8,646,233

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D	
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,224,856	1,224,856		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,349	37,349		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	37,515	37,313		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	697,806	697,806		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	114,095	114,095		
10	Payroll taxes	51,192	51,192		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	31,800		31,800	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	349,130		349,130	
g	Other	251,779	251,779		
12	Advertising and promotion				
13	Office expenses	370,053	38,999	331,054	
14	Information technology				
15	Royalties				
16	Occupancy	105,804	105,804		
17	Travel	54,856	54,856		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates	37,287	37,287		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Fundraising Expense	533,948	0	0	533,948
ь	· · · · · · · · · · · · · · · · · · ·	28,113	28,113	0	0
c	Local Taxes	16,460	16,460	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses	30,619	-	30,619	
25	Total functional expenses. Add lines 1 through 24f	3,935,147	2,658,596	742,603	533,948
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-,	_,		-22,210

Part X	Balance	Sheet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year 84.850	1	End of	255,361
	2	Savings and temporary cash investments			04,000	2		200,001
	3	Pledges and grants receivable, net			375,973			643.769
	4				373,973	4		043,709
	5	Accounts receivable, net						
		Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	1,465,018				
₹	ь	Less accumulated depreciation Complete Part VI of	104	1,400,010				
	ь	Schedule D	10ь	165,932	1,023,982	10c		1,299,086
	11	Investments—publicly traded securities			69,440,845	11	5	4,562,115
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	rt VII c	of	28,616,641	12	2	2,557,605
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin	art VIII			13		
	14	Intangible assets	Intangible assets					
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			172,818	15		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			99,715,109	16	7	9,317,936
	17	Accounts payable and accrued expenses .			616,615	_		686,204
	18	Grants payable				18		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities		20				
S	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		22				
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			8,280,110	25		8,837,003
	26	Total liabilities. Add lines 17 through 25			8,896,725	26		9,523,207
		Organizations that follow SFAS 117, check here ▶   ✓ and comp	lete lin	es 27				
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets			86,199,551	27	6	5,306,443
<u>ಟ</u>	28	Temporarily restricted net assets			1,032,023	28		896,476
	29	Permanently restricted net assets			3,586,810	_		3,591,810
Fund	23	Organizations that do not follow SFAS 117, check here 🕨 🦵 an	let e	0,000,010	23		0,001,010	
ō		lines 30 through 34.						
Sts.	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Ŋet	33	Total net assets or fund balances			90,818,384	33		9,794,729
	34	Total liabilities and net assets/fund balances			99,715,109	34	7	9,317,936
Pa	rt XI	Financial Statements and Reporting						
				<u></u>			Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

# DLN: 93493134041360

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public Inspection

Name of	t he	orga	nizat	ion
<b>BETHESDA</b>	FOU	NDĀTI	ON IN	IC

**Employer identification number** 

									-737412			
	rt I			<b>harity Status</b> (to be co		_			Instruct	ions)		
The	organı	zation is not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon	)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section :	170(b)(1)(	(A)(i).			
2	Γ	A school d	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ıle E )						
3	Γ	A hospital	or a cooperative	e hospital service organizati	ion descri	bed in <b>Sec</b>	tion 170(	b)(1)(A)(i	i <b>ii).</b> (Attac	h Schedul	le H)	
4	Γ	A medical	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ection 170	(b)(1)(A)	(v).			
7	Γ	An organiz	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental ι	ınıt or fron	n the gene	ral publi	ıc
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Γ	An organiz	ation that norma	ally receives (1) more than	3 3 1/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	, and gr	oss
		receipts fro	om activities rel	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (	less sectio	on 511 ta:	() from bu	sinesses	5
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>S</b> e	ection 509(	<b>(a)(4).</b> (S	ee instruc	tions )	
11	<u>~</u>			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3)	). Check
				type of supporting organiza  ☐ Type II		- Function			h <b>d</b>	Γ <sub>Type</sub>	III - O	ther
e	굣	•	• •	rtify that the organization is								
_	1.		-	agers and other than one or								
		section 50			,	, , , ,	J				, ,	. ,
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organi	zation,
		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	<b>.</b>			ı
g		following pe		as the organization accepted	u any gni	or contrib	ation non	i ally of the	:			
				r indirectly controls, either a	alone or to	gether wi	th person:	s describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	Νο
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(	ii)	No
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) a	bove?				11g(	iii)	Νο
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports			<u></u>	-	
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	you notify	(vi) I	s the	, ,	mount of
		orted		(described on lines 1 - 9		ation in		anization		ation in	sup	port?
	Organ	nization		above or IRC section (See Instructions))		listed in verning		<b>i)</b> of your port?		rganized US?		
				(See Instructions)		ment?	Jupi	porci	"" ""	0 0		
					Yes	No	Yes	No	Yes	No	1	
Beth	esda Ho	spital										
Inc			310537122	Line 3	Yes		Yes		Yes			431271
						<del> </del>		<del> </del>			+	
						-		<u> </u>			+	

431,271

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)			
	ction A. Public Support		_	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
2	include any "unusual grants ") Gross receipts from admissions,							
2	merchandise sold or services performed,							
	or facilities furnished in any activity that							
	is related to the organization's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							
	section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge							
6	Total Add lines 1-5							
7a	A mounts included on lines 1, 2, and 3							
	received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for							
	the year or \$5,000							
c	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							
_	line 6)							
То	tal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	A mounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after 30 June, 1975		+					
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly							
	carried on							
12	Other income Do not include gain or loss							
	from the sale of capital assets							
	(Explain in Part IV )							
13	Total Support (Add lines 9, 10c, 11 and							
	12)							
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,	
	check this box and <b>stop here</b>						<b>▶</b> □	
	monutation of Dublic Compant Days							
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T		
			•	.orumin (1))		15		
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16		
		D						
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17		
	-			-	"	17		
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18		

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

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

Schedule A (Form 990 or 990-EZ) 2008

**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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

- ◆ 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

	le organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 zations complete Part III	(Proxy Tax)		
N a	ame of the organization THESDA FOUNDATION INC			Employer ider	ntification number
Par	t I-A To be completed b	y all organizations exem	ot under section	23-7374129 n <b>501(c)</b> and section	
		e the instructions for Schedul			
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pa	<b>To be completed b</b> for Schedule C for d	oy all organizations exempetails.)	pt under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Forr	m 4720 for this yeai	r?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Pai		y all organizations exem for Schedule C for details.)	pt under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contr	ıbuted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add I	nes 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount p political contributions received	nd Employer Identification Numbe paid and indicate if the amount wa d and promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		soo the instructions for Form 00	Cat No E		Form 000 or 000 E7\ 200

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Pa	5768 (election u	l by organizations exempt und notes index section 501(h)). (See the	instructions for Schedule C for	<b>det</b> ai	101 TII  s.)	eu t	-orm	ı
	0,00 (0,000,0				a)		(b)	
				Yes	No		mour	nt
1	legislation, including any attem referendum, through the use of	ganization attempt to influence foreign pt to influence public opinion on a legis						
а	Volunteers?				No			
b	,	ude compensation in expenses reported	d on lines c through i)?		Νo			
С	Media advertisements?				Νo			
d	Mailings to members, legislator				Νo			
е	Publications, or published or br				Νo			
f	Grants to other organizations fo				No			
g		their staffs, government officials, or a			Νo			
h		ars, conventions, speeches, lectures, o	or any other means?		Νo			
i	Other activities If "Yes," desc	rıbe ın Part IV		Yes				49
j	Total lines 1c through							49
2a	1) Did the activities in line 1 caus	e the organization to be not described	in section 501(c)(3)?		ΙNο	1		
ь		y tax incurred under section 4912				1		
c		y tax incurred by organization manage	rs under section 4912					
		d a section 4912 tax, did it file Form 4						
		by all organizations exempt		ction	501(	:)(5	). or	
		). (See the instructions for Sched						
1	Wara substantially all (0.0% or	more) dues received nondeductible by	mamhara?		_	1	Yes	No
2		in-house lobbying expenditures of \$2,			⊢	2		
3		arryover lobbying and political expendi			⊢	3		
		by all organizations exempt		ction	501(4		\ or	
	section 501(c)(6 question 3 is ans	b) if BOTH Part III-A, questions wered "Yes." (See the instructions)	1 and 2 are answered "No"		f Part			
1	Dues, assessments and similar				1 \$			
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (don 527(f) tax was paid).	o not include amounts of political					
а	Current Year				2a \$			
b	Carryover from last year				2b\$			
c	Total				2c \$			
3	Aggregate amount reported in s	section $6033(e)(1)(A)$ notices of nonde	eductible section 162(e) dues		3 \$			
4		nount on line 2c exceeds the amount or carryover to the reasonable estimate o		al	4 \$			
5	•	i political expenditures (line 2c total m	inus 3 and 4)	ŀ	5 \$			
	art IV Supplemental In		mas 5 and 17		<u>σ</u> φ			
Со	• •	escriptions required for Part I-A, line 1	Part I-B, line 4, Part I-C, line 5, and	Part I	I-B, line	11		
	Ident if ier	Return Reference	Explanat	ion				
Part	II-B, Line 1:	Explanation of Other Lobbying Activities	\$2,432 paid in dues to the Associa Philanthropy, \$48 64 of that went t					
			1,7,1		, , , - ^	= .		
				_			_	_

Schedule C (Form 990 or 990EZ) 2008	

Part IV Supplemental I	Part IV Supplemental Information			
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

2008

# SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

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

**Supplemental Financial Statements** 

Open to Public Inspection

Contai	1101011110 0011110		
	ne of the organization HESDA FOUNDATION INC		Employer identification number
Pa	rt I Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization anonerous residents	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	nor advised <b>Yes No</b>
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		•
Par	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreate  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure
-	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
ŀ	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	=	ations, and
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year 🕨
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2 (d) above satisfy the requirements of sec	Yes No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	,
ar	Complete if the organization answered		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990, Part X		<b>►</b> \$

	Organizations Maintaining Co	•			•			ontinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	lowing that are	e a significant u	ise of its collectio	'n	
а	Public exhibition	d	Γ	Loan or exch	nange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's c Part XIV	ollections and explain ho	w the	y further the o	rganızatıon's e>	kempt purpose in		
5	During the year, did the organization solicit	or receive donations of ar	t, hıs	torical treasu	res or other sım		_	_
	assets to be sold to raise funds rather than	· · · · · · · · · · · · · · · · · · ·					Yes	No No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ai				nization answ	rerea "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?				r other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and compl	ete the following table				<del>,</del>		
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	form 990, Part X, line 21?				Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI							
Pai	<b>Endowment Funds.</b> Complete						-\Four V	oars Pack
1a	Beginning of year balance	(a)Current Year (b	<b>)</b> Prior	rear   (c) i w	o Years Back   (d)	Three Years Back (	e)Four Y	ears Back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the posse	ession of the organization	thata	are held and a	dmınıstered for	the		
	organization by					[	Yes	No
	(i) unrelated organizations					3a(i)		<del>                                     </del>
L	(ii) related organizations					3a(ii)	<del>'</del>	<u> </u>
ь 4	Describe in Part XIV the intended uses of the					Зь		<u> </u>
	t VI Investments—Land, Building				art X line 10			
		o, and Equipment s		Cost or other	(b)Cost or other			
	Description of investment			sis (investment)	basis (other)	(c) Depreciation	( <b>d)</b> Bo	ok value
1a	_and				986,695			986,695
Ь	Buildings							
c	_easehold improvements							
d I	Equipment				165,932	165,932		0
	 Other				312,391	·		312,391
	.Add lines 1a-1e (Column (d) should equal F	Form 990, Part X, column (B,	), line	10(c).)		►		1,299,086
	·					Schedule D (	Form 9	90) 2008

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	2.
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Other Securities	22,557,605	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	22,557,605	
Part VIII Investments—Program Related. S		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
()		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part	Ti T	
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
Due to Bethesda Hospital, Inc	7,949,522	
Due to Hospice of Cincinnati, Inc. and Subsidiary	887,481	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>▶</b> 8,837,003	

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-6,616,819
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,935,147
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-10,551,966
4	Net unrealized gains (losses) on investments	4	-10,159,705
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-311,984
9	Total adjustments (net) Add lines 4 - 8	9	-10,471,689
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-21,023,655
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	-17,809,000
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-10,159,705
3	Subtract line <b>2e</b> from line <b>1</b>	3	-7,649,295
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,032,476
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	-6,616,819
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	3,215,000
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d	_	
e ¬	Add lines 2a through 2d	2e	2 21 5 000
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,215,000
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	15	720 147
С	Add lines 4a and 4b	4c	720,147
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5 I	3,935,147

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		Net Related Entity Contribution Management Transactions - 302888 Miscellaneous -9096
Part XII, Line 4b - Other Adjustments		Investment Expense Netted with Investment Income 349129 Net Related Entity Contribution Management Transactions 302888 Temporarly Restricted Contributions/Grants Expense 371018 Miscellaneous 9441
Part XIII, Line 4b - Other Adjustments		Investment Expense Netted with Investment Income 349129 Temporarly Restricted Contributions/Grants Expense 371018

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134041360

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

**Open to Public** 

N						Inspection
Name of the organization	_				Employer ider	ntification number
BETHESDA FOUNDATION IN	С				23-7374129	
Part I Fundraising Ac	stivities Complet	o if the oi	raanizat	ion answered "Ves"		
<del></del>	<del></del>		_		·	, iiile 17.
1 Indicate whether the orga	inization raised funds	through ar	ny of the			
a Mail solicitations				<u>'</u>	non-government grants	
<b>b</b> Email solicitations				· · · · · · · · · · · · · · · · · · ·	government grants	
c Phone solicitations				g Special fundrai	sing events	
<b>d</b> In-person solicitation	S					
<ul><li>Did the organization have or key employees listed if "Yes," list the ten higher than the company and t</li></ul>	n Form 990, Part VII est paid individuals oi	) or entity rentities (f	in connec	ction with professional f rs) pursuant to agreem	fundraising activities? ents under which the fur	
to be compensated at lea	st \$5,000 by the org	anization i	Form 990	)-EZ filers are not requi	red to complete this tal	ble
		(iii)				
(i) Name of individual		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
• •	(ii) Activity					
or entity (fundraiser)						
or entity (fundraiser)		contribu	utions?		col (i)	organization
or entity (fundraiser)		contribu <b>Yes</b>	No No		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization
or entity (fundraiser)			1		col (i)	organization

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,	e 18, or 000.	report	:ed
			(a) Event #1  Golf Classic (event type)	(b) Event #2  Lyceum (event type)	(c) O ther Events	( <b>d)</b> To (A dd col	tal Eve <b>(a)</b> th I <b>(c)</b> )	
₽	1		190,472		(total number) 3 293,791		66	4,691
Revenue	2	Gross receipts  Less Charitable contributions	110,864	155,026	5 207,312		47	3,202
	3	Gross revenue (line 1 minus line 2)	79,608	25,402	86,479		19	1,489
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
cper	6	Rent/Facility costs						
ы т	7	Other direct expenses	117,029	163,55!	213,971		49	4,555
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			49	4,555
	9	Net income summary Combine lir	_				- 30	3,066
Par	H	<b>Gaming.</b> Complete if the ore \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ы Б	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	•			
9 a	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			· · · · · · · · · · · · · · · ·	. 9a	Yes	No
b		NO, Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar	y or trustee of a trust or			11		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

Schedule I (Form 990)

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

OMB No 1545-0047

2008

DLN: 93493134041360

2000

Department of the Treasury Internal Revenue Service

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

Open to Public

lame of the organization						Employer identi	fication number
BETHESDA FOUNDATION INC						23-7374129	
Part I General Inform	nation on Grar	its and Assistance	1			<b>'</b>	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the gran	ts or assistance?			· -	•	▼ Yes   □
	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is			tes. Complete if the only if no one recipient rec		
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Bethesda Hospital Inc619 Oak Street - Accounting 3 West Cincinnati, OH 45206	31-0537122	Sec 501(c)(3)	431,271				General Purpose
Good Samaritan Hospital & College of Nursing619 Oak Street - Accounting 3 West Cincinnati, OH 45206	31-0537486	Sec 501(c)(3)	109,703				General Purpose
Bethesda Healthcare Inc619 Oak Street - Accounting 3 West Cincinnati, OH 45206	31-1027660	Sec 501(c)(3)	391,864				General Purpose
Bethesda Hospital Inc619 Oak Street - Accounting 3 West Cincinnati, OH 45206	31-0537122	Sec 501(c)(3)	30,597				Support of the Bethesda Auxiliary Fund
Northeast Radiology IncPO Box 42468 Cincinnati, OH 45242	31-0795117		7,377				Charity Care Assistance
Cincinnati State Technical 3520 Central Parkway Cincinnati, OH 45223	31-0784054		10,500				Tuition Assistance
Bethesda School of Nursing Alumni Fund10506 Montgomery Road Cincinnati, OH 45242	31-6032459	Sec 501(c)(6)	45,574				General Purpose
Universal Health Corporation 619 Oak Street - Accounting 3 West Cincinnati, OH 45206	31-1074519	sec 501(c)(3)	46,489				Trauma Research and Education
Hand Surgery Specialists 10700 Montgomery Road Suite 150 Cincinnati, OH 45242			75,000				New Physician Training
2 Enter total number of sect	tion 501(c)(3) and	government	•	1	•	1	5
organizations					<b>-</b>		

Enter total number of other organizations . . .

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Various Assistance	75	37,349			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Bethesda Foundation, Inc. has a stated application process and two Committees that evaluate and accept or reject grant proposals. In addition, grantees are required to make a six month report on the progress of their grant.
		· ·

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As Filed Data -

DLN: 93493134041360

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

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Inspection

Department of the Treasury

BETHESDA FOUNDATION INC.

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

Attach to Form 990. To be completed by organizations

Internal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

Employer identification number

23-7374129 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III Νo

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Ed Osofsky	(I) (II)	179,437	42,291	56,843	41,564	16,879	337,014	15,500
John S Prout	(I) (II)	744,450		72,281	266,091	10,521	1,093,343	15,500
Donna Nienaber	(I) (II)	261,547	59,556	25,747	69,837	15,654	432,341	
Gary Algie	(I) (II)	101,541	20,508	24,256	18,637	17,113	182,055	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The related organization that paid the salaries of the individuals listed in Schedule J, Part II, contributed to the supplemental nonqualified retirement plan in the amounts as noted. John Prout - \$233,000 Donna Nienaber - \$31,126 Ed Osofsky - \$8,848 In addition the following individuals listed in Schedule J, Part II, received a payment from the supplemental nonqualified retirement plan which was treated as taxable compensation by the related organization. John Prout - \$15,500 Ed Osofsky - \$15,500
Supplemental Information	Part III	Part I, Line 3 In determining compensation of the organization's officers and key employees, the process performed by TriHealth, Inc (a related organization who paid the individuals), included - Compensation Committee - Approval by the Board or Compensation Committee - Independent Compensation Consultant and - Compensation Survey or Study
	1	

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DLN: 93493134041360

OMB No 1545-0047

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# SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization BETHESDA FOUNDATION INC

Employer identification number

23-7374129

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of do reven	etermı	ning	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	4	154,393	Cost or Selling Price	e		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
	Other (describe)							
27	Other (describe)							
28	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement		= -	er for contributions for	29			
							Yes	No
30a	During the year, did the organiza hold for at least three years from the date of							
	for the entire holding period? .					30a		No
ь	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif			eview of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	<u></u> .
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	à)ıs			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Third Party Use Part I, Line 32b US Bank is the holding facility that handles the stock

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# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

OMB No 1545-0047

DLN: 93493134041360

Open to Public Inspection

Name of the organization BETHESDA FOUNDATION INC Employer identification number

23-7374129

 Identifier
 Return Reference
 Explanation

 Form 990, Part VI, Section A, line 6
 Bethesda Foundation, Inc. has a single corporate member, Bethesda, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Bethesda Foundation, Inc. has a single corporate member, Bethesda, Inc., who has the ability to elect members to the governing body of Bethesda Foundation, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The institutional member must approve amendments to the filing organizations governing documents, dissolution or consolidation of the filing organization, and any transaction involving substantially all of the filing organizations property

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Members of the board are provided an electronic copy of Form 990 prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All board members are required to annually disclose certain financial interests and fiduciary relationships. The Executive Committee and Corporate Counsel review responses, conduct further investigation (if necessary), and determine when a conflict exists with respect to a certain transaction. If a conflict exists, the transaction is not to be entered into unless alternatives are fully investigated, and in their absence, the board, without the participation of the interested member(s), determines that the transaction is in the best interest of the organization. Plans to manage the conflict during the relationship are implemented. All discussions are appropriately documented. All directors and managers, which includes officers and key employees, are required to annually disclose any circumstances, including family and business relationships, that may create a conflict of interest for the organization. These responses are reviewed and acted upon by a Conflict of Interest Committee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED BY TRIHEALTH, INC (A RELATED ORGANIZATION WHO PAID THE INDIVIDUALS), INCLUDED COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		DIRECTORS, OFFICERS, AND KEY EMPLOYEES (AS NOTED WITH A "SCH O" REFERENCE) FOR Bethesda Foundation, Inc. PROVIDE SERVICES TO TRIHEALTH, INC. AND ITS SUBSIDIARIES/AFFILIATES. Hours worked are not tracked on an entity by entity basis. Therefore, all officer, director and key employee hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week for all entities.

ldentifier	Return Reference	Explanation
Form 990, Part VI, line 1a	EXECUTIVE COMMITTEE COMPOSITION & AUTHORITY	The executive committee is composed of the Chairman of the Board, the Vice-Chairman, the President, Secretary, and Treasure of the Corporation as well as the Past Chairman of the Board, who may or may not be a member of the governing body. The executive committee has the power to transact all business of the Board in the management of the Corporation during the period between meetings of the Board.

# **Related Organizations and Unrelated Partnerships**

DLN: 93493134041360 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

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

Name of the organization **Employer identification number** BETHESDA FOUNDATION INC

						23	-7374129		
Part I Identification of Disregarded Entities									
( <b>A)</b> Name, address, and EIN of disregarded entity			(C) I domicile (state Toto preign country)		(D) al income	<b>(E)</b> End-of-year assets			<b>(F)</b> t controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions								
( <b>A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity		<b>(C)</b> al domicile (st foreign counti		( <b>D)</b> Exempt Code	section	(E) Public charity (if section 50)		<b>(F)</b> Direct controlling entity
Hospice of Cincinnati Incorporated 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-0917155	Hospice Services		ОН		section 501(c)(	(3)	Schedule A, Lu	ne 7	Bethesda Hospital Inc
Bethesda Hospital Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-0537122	Healthcare Services		ОН		section 501(c)(3)		Schedule A, Lin		Bethesda Inc
Bethesda Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1108895	Holding Company		ОН		section 501(c)(	(3)	Schedule A, Lı	ne 11c	N/A
TriHealth Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1438846	Support Affiliated Hospita	als	ОН		section 501(c)(		(3) Schedule A, L		N/A
Bethesda Properties Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1352694	Property Management		ОН		section 501(c)		(2) N/A		Bethesda Hospital Inc
Bethesa Healthcare Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1027660	Healthcare Services		ОН		section 501(c)(		(3) Schedule A, Li		Bethesda Inc
Fernside Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1179234	Counseling to Grieving Children		ОН		section 501(c)(	(3)	Schedule A, Lı	ne 7	Hospice of Cincinnati Incorporated
					•				

				<u> </u>							
(A) Name, address, and EIN of	(B) Primary activity	(C) Legal domicile	(D) Direct controlling	(E) Predominant	(F) Share of total income	(G) Share of end-of-year	(H Disprop allocat	rtionate	(I) Code V—UBI amount on	Gene man	Eral or laging
related organization		(state or foreign country)	entity	ıncome(related, ınvestment, unrelated)		assets			Box 20 of K-1	par	tner?
							Yes	No		Yes	No
BN Northeast Cardiac Center LLC											
619 Oak Street - Accounting 3 West Cincinnati, OH45206 20-1297322	Cardiac Center	ОН	N/A								
10600 Montgomery Road LLC											
10600 Montgomery Road Cincinnati, 0H45242 26-1964995	Holding Company	ОН	N/A								
	•	•		•	•		•		•	•	

Part IV Identification of Related Organizations Taxable as a Corporation or T
---

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
Amerimed Inc 100 Summit DR STE 300 Milford, OH45150 31-1158699	Medical Supplies	ОН	N/A	С			
American Nursing Care Inc 100 Summit DR STE 300 Milford, OH45150 31-1085414	Nursing Care	ОН	N/A	С			
Consolidated Health Services Inc 100 Summit DR STE 300 Milford, OH45150 31-1378212	Holding Company	ОН	N/A	С			
Patient Transport Services Inc 100 Summit DR STE 300 Milford, OH45150 31-1100798	Ambulance Services	ОН	N/A	С			
TJ CubedMontgomery 619 Oak Street - Accounting 3 West Cincinnati, OH45206 26-1964885	Holding Company	ОН	N/A	S			

### Part V Transactions with Related Organizations

1	During the tax year	did the orgranization en	gage in any of the following t	ransactions with one or m	ore related organizations	listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- i Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	Hospice of Cincinnati Incorporated	Q	2,657,357
(2)	Fernside Inc	Q	305,891
(3)	Bethesda Hospital Inc	В	431,271
(4)	Bethesda Healthcare Inc	В	383,092
(5)	Hospice of Cincinnati Incorporated	В	50,000
(6)			

	140
	No
Yes	
	No
	No
	No
	No
	No
	No
	No
	No
	No
	No
Yes	
	No

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No		
			•	•		•		Sabadula	D / Form			

Software ID:

**Software Version:** 

**EIN:** 23-7374129

Name: BETHESDA FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule K, Part II - Identification of Related	i ax-exempt Organiz	ations	1	1	1
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
Hospice of Cincinnati Incorporated 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-0917155	Hospice Services	он	section 501(c)(3)	Schedule A , Line 7	Bethesda Hospital Inc
Bethesda Hospital Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-0537122	Healthcare Services	он	section 501(c)(3)	Schedule A , Line 3	Bethesda Inc
Bethesda Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1108895	Holding Company	он	ISACTION SILL (C)(X) I	Schedule A , Line 11c	N/A
6 19 11ak Street - Accolloting 3 West	Support Affiliated Hospitals	он	ISACTION SILLICUICI I	Schedule A , Line 11d	N/A
Bethesda Properties Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1352694	Property Management	он	section 501(c)(2)	N/A	Bethesda Hospital Inc
Bethesa Healthcare Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1027660	Healthcare Services	он		Schedule A , Line 11d	Bethesda Inc
	Counseling to Grieving Children	ОН	section 501(c)(3)		Hospice of Cincinnati Incorporated

Software ID: Software Version:

**EIN:** 23-7374129

Name: BETHESDA FOUNDATION INC

### Form 990, Part VII - Section Aaa

		<b>(C)</b> Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
John R Brooks , Chairman	1 00	Х						0	0	0	
Ed Osofsky , President & CEO	20 00	Х		Х				0	278,571	58,443	
Rance G Duke , Vice Chair & Treasurer	1 00	Х		Χ				0	0	0	
Thomas E Huenefeld , Secretary	1 00	Х		Х				0	0	0	
T Stephen Phillips Esq , Trustee	1 00	Х						0	0	0	
Karen F Clark Esq , Trustee	1 00	Х						0	0	0	
Fuheid S Daoud MD , Trustee	1 00	Х						0	0	0	
Craig A Eisentrout MD , Trustee	1 00	Х						0	0	0	
Peggy A Eshman , Trustee	1 00	Х						0	0	0	
Grant V Hesser , Trustee	1 00	Х						0	0	0	
Edmund Jones MD , Trustee	1 00	X						0	0	0	
Marıon Barrett Leıbold , Trustee	1 00	Х						0	0	0	
Edward O wens III , Trustee	1 00	Х						0	0	0	
Myrtıs H Powell , Trustee	1 00	Х						0	0	0	
LT Wilburn , Trustee	1 00	Х						0	0	0	
Gerald Siegert , Trustee	1 00	Х						0	0	0	
Susan G Weinberg MD , Trustee	1 00	Х						0	0	0	
John S Prout , Trustee (Sch O)	20 00	Х						0	816,731	276,612	
Carrie Hayden , Trustee (End 1/2009)	1 00	Х						0	0	0	
John Jacobs , Trustee (End 4/2009)	1 00	Х						0	0	0	
Donna Nienaber , Asst Secretary (Sch O)	20 00			х				0	346,850	85,491	
Gary Algie , Director of Planned Gift	40 00					Х		146,305	0	35,750	

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Mission of Bethesda Foundation is to help ensure that Bethesda Hospital has the resources needed to successfully accomplish its strategic vision and meet the health care challenges facing the large, growing community it serves. The Foundation cultivates philanthropic support for indigent care, medical education and research, patient services, facilities and community outreach programs provided by Bethesda Hospital and its related entities.