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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BETHESDA HOSPITAL INC		D Employer identification number 31-0537122
		Doing Business As		E Telephone number (513) 569-5126
		Number and street (or P O box if mail is not delivered to street address) 619 OAK STREET - ACCOUNTING 3 WEST	Room/suite	G Gross receipts \$ 721,794,649
		City or town, state or country, and ZIP + 4 CINCINNATI, OH 45206		
F Name and address of Principal Officer John S Prout 619 OAK STREET - ACCOUNTING 3 WEST CINCINNATI, OH 45206		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)		
J Web site: WWW.TRIHEALTH.COM		H(c) Group Exemption Number		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			L Year of Formation 1896	M State of legal domicile OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH STATUS OF THE PEOPLE WE SERVE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of employees (Part V, line 2a)	5	3,966
	6	Total number of volunteers (estimate if necessary)	6	1,167
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	2,138,405
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-19,642,075
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,622,694	1,020,412
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	458,758,887	458,582,148
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,717,377	-26,776,590
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,450,575	9,301,743
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	484,549,533	442,127,713
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	178,282,977	173,490,328
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	255,268,467	263,066,325
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	433,551,444	436,556,653
	19	Revenue less expenses Subtract line 18 from line 12	50,998,089	5,571,060
	Net Assets or Fund Balances			Beginning of Year
20		Total assets (Part X, line 16)	668,318,759	602,958,099
21		Total liabilities (Part X, line 26)	319,523,396	347,865,487
22		Net assets or fund balances Subtract line 21 from line 20	348,795,363	255,092,612

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-05-14</div> <div>Date</div> </div>	
	<div> <div>Michael Crofton VP Finance</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	Preparer's signature <div></div>		Date	Check if self-employed <div><input type="checkbox"/></div>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div></div>		DELOITTE TAX LLP		EIN <div></div>
			250 EAST FIFTH STREET SUITE 1900		Phone no <div></div> (513) 784-7100
		CINCINNATI, OH 45202			

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

Part IIStatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
TO IMPROVE THE HEALTH STATUS OF THE PEOPLE WE SERVE THIS IS ACCOMPLISHED BY PROVIDING A FULL RANGE OF HEALTH RELATED SERVICES INCLUDING PREVENTION, WELLNESS, AND EDUCATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(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

4a

(Code) (Expenses \$ 367,137,195 including grants of \$) (Revenue \$ 461,249,062)

Bethesda North Hospital is among the largest acute and tertiary care hospitals in the Cincinnati region. It offers a comprehensive range of services from award-winning heart care to maternity services and a 24-hour emergency room, to residents of the northeast corridor of Cincinnati and Warren, Butler, and Clermont counties. Please see Community Benefit Report on Schedule O.

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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












4e

Total program service expenses \$ 367,137,195 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
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? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
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	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes
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	No
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	No
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	No
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	No
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
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a 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		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
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		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 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		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 501(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	Yes	
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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a385		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a3,966		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	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 that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

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.

		Yes	No
1a	Enter the number of voting members of the governing body	13	
1b	Enter the number of voting members that are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	8a	Yes
8b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
9b	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?	9b	
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	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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		
15a	The organization's CEO, Executive Director, or top management official?	15a	Yes
15b	Other officers or key employees of the organization? Describe the process in Schedule O	15b	Yes
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	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	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Mike Crofton 619 Oak Street - Accounting 3 West Cincinnati, OH 45206 (513) 569-6577

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								1,219,897	4,289,675	1,000,612

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **67**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMN Healthcare INC PO Box 281939 Atlanta, GA 303841939	Healthcare staffing	1,474,593
ARUP PO Box 27964 Salt Lake City, UT 84127	Laboratory research & dvlpmnt	1,295,690
Genzyme Diagnostics PO Box 2223614 Pittsburg, PA 152512614	Diagnostic testing	655,727
Ohio Valley Acutes PO Box 403008 Atlanta, GA 303843008	Dialysis providers	565,280
Medical Soultions 9101 Western Avenue Suite 101 Omaha, NE 68114	travel nursing staffing	526,763

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations . . . 1d		1,020,412				
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total (Add lines 1a-1f)		1,020,412				
	Program Service Revenue	2a	Patient Revenue-Other	Business Code 621,990	332,474,550	331,479,351	995,199	
b		Medicare/Medicaid	621,990	124,470,864	124,470,864			
c		Apothecary	621,990	1,161,555		1,161,555		
d		Services to rel org	621,990	484,339	484,339			
e		Joint Venture Income	621,990	-9,160	-9,160			
f		All other program service revenue						
g		Total. Add lines 2a-2f \$ 458,582,148						
Other Revenue		3	Investment income (including dividends, interest other similar amounts)		7,251,953			7,251,953
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6a	Gross Rents	(i) Real 201,610	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)	201,610					
	d	Net rental income or (loss)		201,610			201,610	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 245,638,393	(ii) Other				
	b	Less cost or other basis and sales expenses	279,666,936					
	c	Gain or (loss)	-34,028,543					
	d	Net gain or (loss)		-34,028,543			-34,028,543	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances a						
	b	Less cost of goods sold b						
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	Business Code					
	11a	Nutrition Services	621,990	1,232,703			1,232,703	
	b	Gift Shop Revenue	900,099	477,354			477,354	
c	Premier Purchasing	900,099	-18,349			-18,349		
d	All other revenue		7,408,425	7,408,425				
e	Total. Add lines 11a-11d \$ 9,100,133							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			442,127,713	463,833,819	2,138,405	-24,864,923	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
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	142,403,124	142,403,124		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,061,786	5,061,786		
9	Other employee benefits	16,271,864	16,271,864		
10	Payroll taxes	9,753,554	9,753,554		
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,182		4,182	
c	Accounting	397,500		397,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,582,669	2,582,669		
12	Advertising and promotion				
13	Office expenses	105,090,888	105,090,888		
14	Information technology	432,726	432,726		
15	Royalties				
16	Occupancy	6,774,837	6,774,837		
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	128,854	128,854		
20	Interest	11,833,157		11,833,157	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,978,201	17,978,201		
23	Insurance	4,798,592	4,798,592		
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)				
a	Intercompany O verhead	57,184,619		57,184,619	
b	Bad Debt	36,614,153	36,614,153		
c	Purchased Services	17,936,637	17,936,637		
d	Dues and Subscriptions	209,333	209,333		
f	All other expenses	1,099,977	1,099,977		
25	Total functional expenses. Add lines 1 through 24f	436,556,653	367,137,195	69,419,458	0
26	Joint Costs. Check <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,729,483	1	32,883,352
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	38,943,883	4	28,686,175
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	561,865	7	1,050,772
	8 Inventories for sale or use	1,281,914	8	1,529,083
	9 Prepaid expenses and deferred charges	2,153,356	9	2,209,396
	10a Land, buildings, and equipment cost basis			
		10a 452,832,205		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 217,157,177	247,253,706	10c 235,675,028
	11 Investments—publicly traded securities	197,213,508	11	180,277,287
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	113,204,415	12	80,945,052
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	52,976,629	15	39,701,954	
16 Total assets. Add lines 1 through 15 (must equal line 34)	668,318,759	16	602,958,099	
Liabilities	17 Accounts payable and accrued expenses	41,278,730	17	44,496,480
	18 Grants payable		18	
	19 Deferred revenue		19	1,657,185
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	228,092,369	23	233,527,542
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	50,152,297	25	68,184,280
	26 Total liabilities. Add lines 17 through 25	319,523,396	26	347,865,487
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	338,227,526	27	245,146,994
	28 Temporarily restricted net assets	10,567,837	28	9,945,618
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	348,795,363	33	255,092,612
	34 Total liabilities and net assets/fund balances	668,318,759	34	602,958,099

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	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	
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	

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

2008

Open to Public
Inspection

Name of the organization BETHESDA HOSPITAL INC	Employer identification number 31-0537122
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

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

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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each 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						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	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		
b	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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the 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

Additional Data

Software ID:

Software Version:

EIN: 31-0537122

Name: BETHESDA HOSPITAL INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Schrantz , Chairman	1 00	X		X				0	0	0
James E Schwab , Vice Chairman	1 00	X		X				0	0	0
Robert L Hoverson , Secretary	1 00	X		X				0	0	0
Robert L Walker , Treasurer	1 00	X		X				0	0	0
John S Prout , President/CEO (Sch O)	40 00	X		X				0	816,731	276,612
Deborah Lee-Eddie , Trustee (end 9/08)	1 00	X						0	0	0
Paul Edgett , Trustee (Start 6/09)	1 00	X						0	0	0
Craig Eisentrout MD , Trustee	1 00	X						0	0	0
Thomas M Finn , Trustee	1 00	X						0	0	0
Yvonne L Gray , Trustee	1 00	X						0	0	0
Edward G Harness Jr , Trustee	1 00	X						0	0	0
George Kerlakian MD , Trustee (Sch O)	40 00	X						0	816,437	58,251
Sr Mary Ellen Murphy , Trustee	1 00	X						0	0	0
Mark A Serrienne , Trustee	1 00	X						0	0	0
Donna S Nienaber Esq , Asst Secretary (Sch O)	40 00			X				0	346,850	85,491
Mike Crofton , Asst Treasurer (Sch O)	40 00			X				0	225,729	38,777
Craig Rucker , CFO (Sch O)	40 00			X				0	125,597	1,700
Sher McClanahan , COO - BNH	40 00				X			0	301,408	56,800
William Groneman , Exec VP (Sch O)	40 00				X			0	513,474	113,381
Gerald Oliphant , Exec VP & COO (Sch O)	40 00				X			0	428,233	51,830
Georges Feghali MD , CMO (Sch O)	40 00				X			0	435,829	122,351
Laura Trice MD , physician	40 00					X		228,880	0	39,898
Steve West , Hospice President/CEO	40 00					X		209,172	0	20,737
Robert H Collins MD , Medical Director	40 00					X		283,106	0	38,426
Anthony Borzotto MD , Medical Director	40 00					X		279,965	0	42,699
Steven D Johnson MD , Assoc Program Dir	40 00					X		218,774	0	14,912
Edouard Feghali MD , Former Trustee							X	0	279,387	38,747

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Patient Revenue-Other	621,990	332,474,550	331,479,351	995,199	
b Medicare/Medicaid	621,990	124,470,864	124,470,864		
c Apothecary	621,990	1,161,555		1,161,555	
d Services to rel org	621,990	484,339	484,339		
e Joint Venture Income	621,990	-9,160	-9,160		

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization BETHESDA HOSPITAL INC	Employer identification number 31-0537122
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is: 20% of the amount on line 1e			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
	i Other activities If "Yes," describe in Part IV	Yes		757
	j Total lines 1c through 1i			757
	1i		No	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	During the tax year, Bethesda Hospital, Inc paid annual dues, a portion of which related to lobbying activities, to the following organizations 1 American Diabetes Association 2 American Academy of Sleep Medicine 3 Society of Teachers of Family Medicine

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization BETHESDA HOSPITAL INC	Employer identification number 31-0537122
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7

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

8

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

☐ Yes☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	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 end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,866,365		2,866,365
b Buildings		253,294,516	79,998,002	173,296,514
c Leasehold improvements				
d Equipment		160,407,684	125,507,791	34,899,893
e Other		36,263,640	11,651,384	24,612,256
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				235,675,028

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(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 Emerging Markets	10,212,888	C
Other Fixed Absolute	24,727,658	C
Other Private Equity	9,222,169	C
Other Absolute Return Hedge	19,871,280	C
Other Global Hedged Equity	9,957,217	C
Other REal Estate	6,753,815	C
Other Other	200,025	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	80,945,052	

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

(a) Description	(b) Book value
Investment in Joint Ventures	1,412,353
Due from Affiliates	9,616,304
5/3 Short-Term Investment Account	16,940,676
Inter-company Receivables	4,447,526
Other Accounts Receivable	2,386,870
Investment in Hospice	4,898,225
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	39,701,954

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Payroll Taxes and Benefits Payable	3,680,145
Third Party Settlements	5,748,266
Total Other Liabilities	5,492,924
Pension Liability	48,297,546
Accrued EIB	4,965,399
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	68,184,280

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1442,127,713
2	Total expenses (Form 990, Part IX, column (A), line 25)	2436,556,653
3	Excess or (deficit) for the year Subtract line 2 from line 1	35,571,060
4	Net unrealized gains (losses) on investments	4-20,664,324
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	74,898,225
8	Other (Describe in Part XIV)	8-83,507,712
9	Total adjustments (net) Add lines 4 - 8	9-99,273,811
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-93,702,751

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Hospital follows the provisions of FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes-an Interpretation of FASB Statement No 109 (FIN No 48) The Hospital completed an analysis of its tax positions at June 30, 2009 and 2008, and determined that no amounts were required to be recognized under FIN No 48 in the consolidated financial statements at June 30, 2009 or 2008
Part XI, Line 8 - Other Adjustments		Gain on Network Affiliation 3029263 Loss on TriHealth Physician Enterprise Corporation -6181630 Removal of Hospice from Fund Balance -19297380 Pension Adjustment -61788510 Other Adjustment 730545

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization
BETHESDA HOSPITAL INC

Employer identification number
31-0537122

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>) . . .						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>) . . .						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>) . . .						
g Subsidized health services (from <i>worksheet 6</i>) . . .						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>) . . .						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V **Facility Information** *(Required for 2008)*

Name and address	Other (Describe)
	ER-other
	ER-24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
Licensed hospital	

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

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

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

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.</div>	OMB No 1545-0047
		2008
		Open to Public Inspection

Name of the organization BETHESDA HOSPITAL INC	Employer identification number 31-0537122
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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			
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No

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)(i)-(iii) 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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John S Prout	(i)							
	(ii)	744,450		72,281	266,091	10,521	1,093,343	15,500
George Kerlakian MD	(i)							
	(ii)	780,023		36,414	37,042	21,209	874,688	15,500
Donna S Nienaber Esq	(i)							
	(ii)	261,547	59,556	25,747	69,837	15,654	432,341	
Mike Crofton	(i)							
	(ii)	174,433	40,218	11,078	18,699	20,078	264,506	
Sher McClanahan	(i)							
	(ii)	245,030	51,811	4,567	46,259	10,541	358,208	
William Groneman	(i)							
	(ii)	322,523	103,623	87,328	88,096	25,285	626,855	27,842
Gerald Oliphant	(i)							
	(ii)	328,779	81,485	17,969	35,016	16,814	480,063	
Georges Feghali MD	(i)							
	(ii)	336,466	66,571	32,792	104,512	17,839	558,180	
Laura Trice MD	(i)							
	(ii)	208,380		20,500	26,705	13,193	268,778	
Steve West	(i)							
	(ii)	165,269	30,768	13,135	8,150	12,587	229,909	
Robert H Collins MD	(i)							
	(ii)	217,162	39,986	25,958	25,676	12,750	321,532	
Anthony Borzotto MD	(i)							
	(ii)	241,643		38,322	26,946	15,753	322,664	
Steven D Johnson MD	(i)							
	(ii)	218,370		404		14,912	233,686	
Edouard Feghali MD	(i)							
	(ii)	228,163	12,500	38,724	25,574	13,173	318,134	15,500
	(i)							
	(ii)							

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

Schedule J (Form 990) 2008

Software ID:
Software Version:
EIN: 31-0537122
Name: BETHESDA HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John S Prout	(i) (ii)	744,450		72,281	266,091	10,521	1,093,343	15,500
George Kerlakian MD	(i) (ii)	780,023		36,414	37,042	21,209	874,688	15,500
Donna S Nienaber Esq	(i) (ii)	261,547	59,556	25,747	69,837	15,654	432,341	
Mike Crofton	(i) (ii)	174,433	40,218	11,078	18,699	20,078	264,506	
Sher McClanahan	(i) (ii)	245,030	51,811	4,567	46,259	10,541	358,208	
William Groneman	(i) (ii)	322,523	103,623	87,328	88,096	25,285	626,855	27,842
Gerald Oliphant	(i) (ii)	328,779	81,485	17,969	35,016	16,814	480,063	
Georges Feghali MD	(i) (ii)	336,466	66,571	32,792	104,512	17,839	558,180	
Laura Trice MD	(i) (ii)	208,380		20,500	26,705	13,193	268,778	
Steve West	(i) (ii)	165,269	30,768	13,135	8,150	12,587	229,909	
Robert H Collins MD	(i) (ii)	217,162	39,986	25,958	25,676	12,750	321,532	
Anthony Borzotto MD	(i) (ii)	241,643		38,322	26,946	15,753	322,664	
Steven D Johnson MD	(i) (ii)	218,370		404		14,912	233,686	
Edouard Feghali MD	(i) (ii)	228,163	12,500	38,724	25,574	13,173	318,134	15,500

SCHEDULE O (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	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
		2008
		Open to Public Inspection
Name of the organization BETHESDA HOSPITAL INC		Employer identification number 31-0537122

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Bethesda Hospital, Inc has two corporate members Bethesda, Inc (Voting Member) and TriHealth, Inc (Nonvoting member)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Bethesda, Inc has the ability to elect members to the governing body of Bethesda Hospital, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The institutional member of Bethesda Hospital, Inc , Bethesda, Inc , must approve certain financial transactions, amendments to the filing organization's governing documents, and those matters reserved by Ohio law

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a		<p>Bethesda North Hospital and Bethesda Medical Center-Arrow Springs Cincinnati OH Community Benefit Narrative Report FY2009 INTRODUCTION Mission and Charitable Purpose In 1896 Bethesda began as a home visiting ministry of the Methodist Deaconesses to serve the health needs of the German immigrants living in Cincinnati Now that ministry and the first Bethesda hospital once led by Deaconess Louise Golder and her brother Rev Christian Golder, has grown into an array of health services for greater Cincinnati Bethesda, Inc and Good Samaritan Hospital formed a partnership in 1995 to create a local health system TriHealth, Inc TriHealth has a board of directors comprised of independent community representatives Bethesda's guiding purpose is to provide care with compassion The mission is to improve the health status of the community through a full range of health related services-prevention, wellness and education TriHealth values, particularly Response to Community Need, exemplify the founding spirit of the Bethesda Deaconesses This report focuses on two major parts of Bethesda Bethesda North Hospital is a 360 bed acute tertiary teaching hospital Bethesda Medical Center at Arrow Springs comprises a fully staffed 24-hour emergency department, diagnostic services, occupational medicine, physical therapy and a pharmacy They form, with the rest of TriHealth, a system of services spanning acute care and home care Bethesda North Hospital provides a 24-hour emergency department, intensive care units and a Level II special care nursery Services are open to all individuals regardless of ability to pay Bethesda North Hospital has an open medical staff and a history of training and educating medical residents and health care professionals In concert with the Hatton Institute at Good Samaritan Hospital, Bethesda conducts medical and scientific research programs including studies that are not commercially sponsored Bethesda participates in Medicare and Medicaid and other government-sponsored health care programs, and has an active charity care program Bethesda services such as those described in this report, and others not listed here, promote a healthy community Programs also seek to reduce the burdens on the government For example, if Bethesda did not address the root causes of low birth weight and prematurity, the burden to government medical programs such as Medicaid would be even greater If Bethesda did not have a Palliative Care consultation service, physicians, families and patients with advanced or terminal illness might struggle with or avoid treatment decisions and utilize costly, non-beneficial interventions instead of opting for care matched to patient prognosis, wishes and needs Community Benefit Approach Located in Cincinnati, OH, Bethesda and the TriHealth system serve Hamilton, Butler, Warren, Clinton and Clermont counties, as well as persons from Indiana and Kentucky Ohio's third largest metropolitan area, Cincinnati has an estimated population of 333,336 The population within the five Ohio counties served by TriHealth is estimated to be 1,661,934 and 11.7 percent of this population is uninsured Community health needs, as assessed within the last three years by independent groups such as the Greater Cincinnati United Way the Health Foundation of Greater Cincinnati, continue to correspond with the TriHealth community needs assessment completed in 2004 The significant health needs for the greater Cincinnati area are infant mortality, obesity, depression, hypertension and diabetes Two major strategies are in place to address infant mortality and diabetes The remaining community health needs receive the organization's expertise and focus through ongoing hospital and physician practice initiatives The TriHealth Community Health Initiative for Diabetes, led by the TriHealth physician practices and outpatient clinics with diabetes educators, focuses on the ongoing management of diabetes The chronic care model focuses on patient education and empowerment Physician practices track effectiveness in care delivery through measures such as the hemoglobin A1C, a measure of the patient's diabetes self-management Bethesda, as a part of TriHealth, has dedicated staff to assist the community benefit effort including those overseeing the planning, reporting and tracking of community benefit, as well as those providing direct service to the poor and broader community Free and discounted services are provided for those unable to pay and meeting eligibility criteria Through the Hospital Care Assurance Program (HCAP), Bethesda North Hospital and the Bethesda Arrow Springs emergency department serves patients meeting criteria set forth by the Ohio Department of Jobs and Family Services Bethesda policy is to provide charity care on a sliding scale discounting when the family income is up to 400 percent of the annually established federal poverty guideline Bethesda North Hospital and Bethesda Medical Center at Arrow Springs offer an uninsured discount for medically necessary services for those who have no insurance and who do not qualify for other financial assistance options Bethesda financial counselors assist patients in completing the financial assistance application which is also available on the website Brochures about financial assistance are visible and available in hospital registration and admitting areas As noted in the following table, Bethesda provided \$19.3 million in uncompensated care in fiscal year 2009 The amount of benefit for both traditional charity care and for the unpaid cost of Medicaid is one manifestation of the rising rates of persons without health insurance The Medicaid public program reimburses the hospital for services but payments may not always cover the total cost of care and medications Bethesda North Hospital and Bethesda Medical Center at Arrow Springs are committed to fulfilling the mission of compassion to the vulnerable members of the communities they serve QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT Community Outreach for the Broader Community Subsidized Health Services Bethesda North Hospital and Bethesda Medical Center at Arrow Springs subsidize the cost of programs that are necessary to the community These programs consistently incur costs in excess of revenues received for those services Bethesda subsidizes these health services for the community for a total cost of \$60 thousand in fiscal year 2009 Bethesda participates in the regional trauma system thus providing the community with access to trauma care The two emergency rooms at Bethesda North Hospital and Bethesda Medical Center at Arrow Springs provide 24-hour emergency care to community members living in the northeast of corridor Cincinnati as well as Warren, Butler, and Clermont counties Bethesda North Hospital is a Level III Trauma Center as verified by the Committee on Trauma of the American College of Surgeons Programs for the Broader Community One example of ongoing efforts by Bethesda to improve the health of the broader community concern programs to address the identified health need of diabetes Diabetes educators extend the education to the community by providing classes to a diverse population, from area industries and firehouse groups to retirement centers A diabetes support group meets for continued education in chronic disease management Collaborative Efforts to Improve Community Health One Bethesda program is focused on injury prevention in collaborative efforts with community partners Integral to Bethesda services, the TriHealth Think First program provides injury prevention programs and events to the community Collaborating with the educators, the media, civic clubs and corporations, Think First teaches injury prevention to all age groups Health Professions Education Bethesda North Hospital continues a commitment to educating the next generation of health care providers--physicians and allied health professionals Cost in excess of governmental support for medical education programs at Bethesda totaled \$715 thousand for 2009 Bethesda North Hospital, as part of TriHealth, Inc , sponsors medical residencies There were thirty two residents in Obstetrics and Gynecology at both Bethesda and Good Samaritan Hospitals in fiscal year 2009 The Bethesda Family Practice residency included nineteen residents There were two Bethesda Sports Medicine fellows in fiscal year 2009 The Bethesda Paramedic Training Program is a hospital-based program accredited by the Ohio Department of Transportation Through this training program, certified emergency medical technicians can advance to the paramedic level Education is comprised of didactic sessions, with lab, field, and hospital clinical rotations</p>

Identifier	Return Reference	Explanation
		<p>Bethesda North Hospital, as a part of TriHealth, collaborates with local and regional colleges, universities and training centers to provide mentoring, internships, clerkships, supervised education and clinical rotations to students in health fields. These partnerships help students learn about and prepare for professions in nurse practitioner, respiratory therapy, radiology technology, sterile processing, phlebotomy, medical laboratory, pharmacy, speech, audiology, physical therapy, and occupational therapy. Research Programs Bethesda clinicians participate in research coordinated through the Hatton Institute. The Hatton Institute began in 1967 and is based at Good Samaritan Hospital, Bethesda's partner in the local health system of TriHealth. The Hatton Institute's research program manages basic and applied scientific studies and sponsored clinical trials. It also supports the education activities of staff physicians and surgeons, teaching faculty, residents, and allied health professionals. The Hatton Institute works with over 100 medical residents and is involved in numerous research projects. What is learned through the Hatton Institute's research and education programs is shared with the larger community and the Institute helped researchers give professional presentations at regional and national meetings and publish in peer-reviewed medical journals. Studies and research are funded by sponsors, the government, and by the not-for-profit entities of the Hatton Foundation, the Good Samaritan Hospital Foundation, the hospital's Medical Education Research Fund, and the Bethesda Foundation. Conclusion In total, Bethesda North Hospital and Bethesda Medical Center at Arrow Springs provided the community with more than \$23.9 million in health care services and programs, medical education, research and cash and in-kind contributions for the poor and the broader community. This commitment to community health reveals Bethesda's founding spirit of concern for the vulnerable. It also reflects the ongoing, tangible efforts and contributions of countless employees, physicians and leaders living the core values of Stewardship and Response to Community Needs.</p>

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		Directors, Officers and Key Employees (as noted with a "Sch O" reference) for Bethesda Hospital, 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.

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2		The audit of Bethesda Hospital, Inc 's financial statements for the year ended June 30, 2009 was performed by an independent certified public accountant in accordance with GAAP on a consolidated basis with its parent company, Bethesda, Inc. Supplemental schedules, included in the consolidated audit report, detail the individual financial statements of Bethesda Hospital, Inc. An audit committee has been delegated to oversee the audited financial statements and the selection of the independent accountant.

Identifier	Return Reference	Explanation
Form 990, Part VI, line 1a	EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY	THE BOARD OF TRUSTEES OF BETHESDA HOSPITAL, INC (THE "CORPORATION") ESTABLISHED AN EXECUTIVE COMMITTEE WHICH MAY EXERCISE SUCH POWER AND AUTHORITY OF THE BOARD OF TRUSTEES IN INTERVALS BETWEEN MEETINGS OF THE BOARD AS AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, THE SECRETARY AND TWO OTHER BOARD MEMBERS ALL IN ACCORDANCE WITH THE NETWORK AFFILIATION AGREEMENT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ 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
BETHESDA HOSPITAL INC

Employer identification number
31-0537122

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
BN Northeast Cardiac Center LLC 619 Oak Street - Accounting 3 West Cincinnati, OH45206 20-1297322	Cardiac Center	OH	Bethesda Hospital Inc	Related	179,610	428,248		No		Yes	
10600 Montgomery Road LLC 10600 Montgomery Road Cincinnati, OH45242 26-1964995	Holding Company	OH	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

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

Part V

Transactions with Related Organizations

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (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)

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l 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

o 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)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f Yes

1g No

1h No

1i No

1j Yes

1k No

1l No

1m No

1n No

1o No

1p No

1q No

1r No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Bethesda Foundation Inc	C	431,271
(2) Bethesda Properties Inc	J	1,783,849
(3) Bethesda Healthcare Inc	J	358,799
(4) Bethesda Inc	A	307,882
(5) Hospice of Cincinnati Incorporated	A	48,000
(6) TRIHEALTH PHYSICIAN ENTERPRISE CORP	F	143,852

Schedule R (Form 990) 2008

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

[illegible]

Software ID:
Software Version:
EIN: 31-0537122
Name: BETHESDA HOSPITAL INC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Bethesda Foundation Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 23-7374129	Foundation	OH	section 501(c)(3)	Schedule A, Line 7	Bethesda Inc
Bethesda Healthcare Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1027660	Healthcare Services	OH	section 501(c)(3)	Schedule A, Line 11d	Bethesda Inc
Bethesda Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1108895	Holding Company	OH	section 501(c)(3)	Schedule A, Line 11c	N/A
Bethesda Properties Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1352694	Property Management	OH	section 501(c)(2)	N/A	Bethesda Hospital Inc
Fernside Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1179234	Counseling to Grieving Children	OH	section 501(c)(3)	Schedule A, Line 7	Hospice of Cincinnati Incorporated
Good Samaritan Hospital Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-0537486	Inpatient and Outpatient Services	OH	section 501(c)(3)	Schedule A, Line 3	Catholic Health Initiatives
TriHealth Inc 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-1438846	Support Affiliated Hospitals	OH	section 501(c)(3)	Schedule A, Line 11d	N/A
Hospice of Cincinnati Incorporated 619 Oak Street - Accounting 3 West Cincinnati, OH45206 31-0917155	Hospice Services	OH	section 501(c)(3)	Schedule A, Line 7	Bethesda Hospital Inc

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Bethesda Foundation Inc	C	431,271
(2)	Bethesda Properties Inc	J	1,783,849
(3)	Bethesda Healthcare Inc	J	358,799
(4)	Bethesda Inc	A	307,882
(5)	Hospice of Cincinnati Incorporated	A	48,000
(6)	TRIHEALTH PHYSICIAN ENTERPRISE CORP	F	143,852