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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 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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) 569-6575	
		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 \$ 785,906,541	
		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		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
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(c) Group exemption number			
J Website: www.TriHealth.com					
K Form 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 net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 4,28	
	6	Total number of volunteers (estimate if necessary)	6 1,23	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 4,003,33	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -270,47	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,020,412	Current Year 833,518
	9	Program service revenue (Part VIII, line 2g)	458,582,148	473,414,350
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-26,776,590	19,828,506
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,301,743	7,119,532
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442,127,713	501,195,906
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
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)	173,490,328	211,383,662
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	263,066,325	248,526,544
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	436,556,653	460,247,326
19		Revenue less expenses Subtract line 18 from line 12	5,571,060	40,948,580
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	602,958,099	672,248,069
	21	Total liabilities (Part X, line 26)	347,865,487	388,192,297
	22	Net assets or fund balances Subtract line 21 from line 20	255,092,612	284,055,772

Part II Signature Block	
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></div> <div>2011-05-11</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>Michael Crofton VP Finance</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> <div></div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Deloitte Tax LLP</div> <div>250 East Fifth Street</div> <div>Cincinnati, OH 45202</div> </div> </div> <div> <div>EIN</div> <div></div> </div>
	<div> <div>Phone no</div> <div>(513) 784-7100</div> </div>

1 Briefly describe the organization's mission

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

4a	(Code) (Expenses \$ 403,036,843 including grants of \$ 337,120) (Revenue \$ 471,297,563)
	Please see Schedule H

[illegible][illegible]

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

4e	Total program service expenses	\$ 403,036,843
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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 U S ? If "Yes," complete Schedule F, Part II		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 U S ? If "Yes," complete Schedule F, Part III		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			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	1a	335	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	2a	4,281	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, 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	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	13	
b	Enter the number of voting members that are independent	1b	12	
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	
b	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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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 ▶ Michael 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 current or former officer, director, trustee or key employee

Form **990** (2009)

1b Total	1,264,069	4,075,280	1,115,071
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶71

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
ARUP PO Box 27964 Salt Lake City, UT 84127	Laboratory Research & Dvlpmnt	1,617,439
Tri-State Healthcare Laundry Inc 551 S Loop Road Edgewood, KY 41017	Laundry Service	1,571,983
Amercan Nursing Care Inc 1700 Edison Drive Suite 300 Milford, OH 45150	Nursing Staffing	1,141,636
Patient Transport Services Inc 1700 Edison Drive Suite 300 Milford, OH 45150	Patient Transportation	1,033,699
Ohio Valley Acutes PO Box 403008 Atlanta, GA 30384	Dialysis Providers	675,945

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶40

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	698,415				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	135,103				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			833,518			
Program Service Revenue			Business Code					
	2a	Patient Revenue	621,990	476,176,229	474,664,322	1,511,907		
	b	Nonpatient Lab Revenue	621,990	839,887		839,887		
	c	Affiliated Org Rental	532,000	507,013	507,013			
	d	Research Revenue	900,099	234,302	234,302			
	e	JOA Revenue	900,099	-4,433,830	-4,433,830			
	f	All other program service revenue		90,749	90,749			
	g	Total. Add lines 2a-2f			473,414,350			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			5,827,423		5,827,423	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		411,485						
		411,485						
	d	Net rental income or (loss)			411,485		411,485	
	7a	(i) Securities		(ii) Other				
		298,582,943		128,775				
		284,651,293		59,342				
		13,931,650		69,433				
	d	Net gain or (loss)			14,001,083		14,001,083	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b				
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
			85,241					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .			85,241	85,241			
Miscellaneous Revenue		Business Code						
11a	Apothecary		621,990	4,001,391		1,203,986	2,797,405	
b	Cafeteria		900,099	1,174,262			1,174,262	
c	Gift Shop Revenue		453,220	701,452			701,452	
d	All other revenue			745,701	149,766	447,552	148,383	
e	Total. Add lines 11a-11d			6,622,806				
12	Total revenue. See Instructions			501,195,906	471,297,563	4,003,332	25,061,493	

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	337,120	337,120		
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	165,775,905	141,785,718	23,990,187	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,310,240	6,208,327	2,101,913	
9	Other employee benefits	25,556,817	20,618,654	4,938,163	
10	Payroll taxes	11,740,700	10,156,401	1,584,299	
11	Fees for services (non-employees)				
a	Management	1,045,219	978,974	66,245	
b	Legal	1,725,221	3,113	1,722,108	
c	Accounting	465,707	355,851	109,856	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,244,289	1,200,000	44,289	
g	Other	29,598,493	24,611,765	4,986,728	
12	Advertising and promotion	2,101,835	91,305	2,010,530	
13	Office expenses	6,049,530	3,939,317	2,110,213	
14	Information technology	6,503,221	533,231	5,969,990	
15	Royalties				
16	Occupancy	10,480,866	9,040,412	1,440,454	
17	Travel	561,885	444,772	117,113	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,506,941	10,506,941		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,320,245	20,626,111	3,694,134	
23	Insurance	4,999,958	4,173,538	826,420	
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	Medical/Dietary Supply	99,169,017	98,917,554	251,463	
b	Bad Debt	33,125,129	33,125,129		
c	Repairs & Maintenance	6,151,441	5,744,797	406,644	
d	Ohio Hospital Fee	4,907,508	4,907,508		
e	Intercompany Overhead	457,125	457,125		
f	All other expenses	5,112,914	4,273,180	839,734	
25	Total functional expenses. Add lines 1 through 24f	460,247,326	403,036,843	57,210,483	0
26	Joint costs. Check here <input checked="" 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			32,883,352	1	4,899,129
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			28,686,175	4	31,535,286
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,050,772	7	698,360
	8	Inventories for sale or use			1,529,083	8	1,720,294
	9	Prepaid expenses and deferred charges			2,209,396	9	2,415,155
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	470,253,306			
	b	Less accumulated depreciation	10b	238,036,487	235,675,028	10c	232,216,819
	11	Investments—publicly traded securities			180,277,287	11	277,347,446
	12	Investments—other securities. See Part IV, line 11			80,945,052	12	65,973,093
	13	Investments—program-related. See Part IV, line 11				13	1,813,291
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			39,701,954	15	53,629,196
	16	Total assets. Add lines 1 through 15 (must equal line 34)			602,958,099	16	672,248,069
Liabilities	17	Accounts payable and accrued expenses			44,496,480	17	43,386,408
	18	Grants payable				18	
	19	Deferred revenue			1,657,185	19	1,866,484
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			233,527,542	23	223,154,509
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			68,184,280	25	119,784,896
	26	Total liabilities. Add lines 17 through 25			347,865,487	26	388,192,297
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			245,146,994	27	272,486,072
	28	Temporarily restricted net assets			9,945,618	28	11,569,700
	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			255,092,612	33	284,055,772
	34	Total liabilities and net assets/fund balances			602,958,099	34	672,248,069

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

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 (All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. 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

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?	No			
	e Publications, or published or broadcast statements?	No			
	f Grants to other organizations for lobbying purposes?	No			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	No			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No			
	i Other activities? If "Yes," describe in Part IV	Yes		256	
	j Total lines 1c through 1i			256	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No			
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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 membership dues to various national, state and local organizations, a portion of which related to lobbying activities.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Bethesda Hospital Inc	Employer identification number 31-0537122
--	---

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 for any other purpose conferring 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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		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
	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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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

b

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

	Yes	No
3a(i)		
3a(ii)		
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) Accumulated depreciation	(d) Book value
1a Land		555,176		555,176
b Buildings		274,515,138	91,514,238	183,000,900
c Leasehold improvements		1,558,117	847,001	711,116
d Equipment		182,852,657	145,026,253	37,826,404
e Other		10,772,218	648,995	10,123,223
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				232,216,819

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	501,195,906
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	460,247,326
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	40,948,580
4	Net unrealized gains (losses) on investments	4	16,370,843
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-28,356,263
9	Total adjustments (net) Add lines 4 - 8	9	-11,985,420
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,963,160

Part XIIReconciliation 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 investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIIIReconciliation 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 facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Following is the text of the footnote to Bethesda Hospital, Inc 's consolidated audited financial statements that reports its and its subsidiaries liability, if applicable, for certain tax positions under FIN 48. In July 2006, the FASB issued FASB Interpretation No. 48 (subsequently codified as ASC Topic 740-10-25), Accounting for Uncertainty in Income Taxes-an Interpretation of FASB Statement No. 109 (subsequently codified as ASC Topic 740). ASC Topic 740-10-25 prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. There are no material changes in the Hospital's unrecognized income tax position at June 30, 2010. The Hospital does not expect a significant increase or decrease in unrecognized tax benefits within the next twelve months. With certain exceptions, the Hospital is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for fiscal years prior to June 30, 2006.
Part XI, Line 8 - Other Adjustments		Contributed Capital to Parent -5000000 Loss on Unconsolidated Organizations -5265242 Change in Pension Plan/SERP Funded Status -19715104 Change in Temporarily Restricted Net Assets 1141540 Change in Special Funds 482543

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Bethesda Hospital Inc

Employer identification number
31-0537122

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
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 <div><input checked="" type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> 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 <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> 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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
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 Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			10,991,976	0	10,991,976	2 570 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			38,282,351	24,658,564	13,623,787	3 190 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			49,274,327	24,658,564	24,615,763	5 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,726,999	8,011,423	2,715,576	0 640 %
f Health professions education (from Worksheet 5)			9,226,726	6,313,697	2,913,029	0 680 %
g Subsidized health services (from Worksheet 6)			3,000	0	3,000	0 %
h Research (from Worksheet 7)			641,927	0	641,927	0 150 %
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits			20,598,652	14,325,120	6,273,532	1 470 %
k Total. Add lines 7d and 7j			69,872,979	38,983,684	30,889,295	7 230 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,736,134
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	0
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, and 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	86,519,012
6	Enter Medicare allowable costs of care relating to payments on line 5	6	105,341,752
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-18,822,740
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" 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	Yes
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	Yes

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 BN Northeast Cardiac Center LLC	Cardiac Care	51.000 %		49.000 %
2 Hand Ambulatory Surgery Center LLC	Hand Ambulatory Surgery Center	50.000 %		50.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Other
(Describe)

See Additional Data Table

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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

See additional data

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

Part VI, Line 4 Located in Cincinnati, Ohio, Bethesda Hospital, Inc and the TriHealth, Inc system serve Hamilton, Butler, Warren, Clinton and Clermont counties in Ohio, as well as persons from Indiana and Kentucky In metropolitan statistical areas, the Cincinnati-Middletown region is the largest in Ohio The estimated population for calendar year 2009 is 2,171,896 The population within the five Ohio counties served by Bethesda Hospital, Inc and TriHealth, Inc is estimated to be 1,661,935 and 11.7 percent of this population is uninsured

- 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

Part VI, Line 5 Bethesda Hospital, Inc did not engage in any community building activities during the tax year

- 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.)

See additional data

- 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

See additional data

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

Additional Data

Software ID:

Software Version:

EIN: 31-0537122

Name: Bethesda Hospital Inc

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Bethesda North Hospital 10500 Montgomery Road Cincinnati, OH 45242	X	X		X		X	X		
Bethesda Arrow Springs 100 Arrow Springs Blvd Lebanon, OH 45036							X		
Bethesda Eastgate Center 4452 Eastgate Blvd Cincinnati, OH 45245									Physical Therapy
Bethesda Family Practice Center 4411 Montgomery Road Suite 206 Cincinnati, OH 45212									Family Medicine
Bethesda Loveland - Physical Therapy 10675 Loveland Maderia Road Loveland, OH 45140									Physical Therapy
Bethesda North OBGYN Clinic 10498 Montgomery Road Cincinnati, OH 45242									Women's Health
Bethesda Oak Campus 619 Oak Street Cincinnati, OH 45206									Laboratory and Pharmacy
Bethesda Oak AlcoholDrug Treatment 619 Oak Street Cincinnati, OH 45206									Outpatient Drug & Alcohol Treatment
Blue Ash AlcoholDrug Treatment 11305 Reed Hartman Highway Cincinnati, OH 45242									Outpatient Drug & Alcohol Treatment
BNH Ambulatory Treatment Center 10500 Montgomery Road Cincinnati, OH 45242		X							
BNH Sleep Center 10475 Montgomery Road Cincinnati, OH 45242									Sleep Center
Montgomery Hand Physical Therapy 10700 Montgomery Road Cincinnati, OH 45242									Physical Therapy
North Ambulatory Surgery Center 10506 Montgomery Road Cincinnati, OH 45242		X							
Bethesda North Outpatient Imaging Center 10494 Montgomery Road Cincinnati, OH 45242									Outpatient Imaging
SeniorLink - Court Street 415 West Court Street Cincinnati, OH 45203									Senior Care/Day Health Centers
SeniorLink - Norwood 4750 Wesley Avenue Suite J Cincinnati, OH 45212									Senior Care/Day Health Centers
SeniorLink - Eden Park 2610 Park Avenue Cincinnati, OH 45206									Senior Care/Day Health Centers
TriHealth Nurse Midwives 400 East Martin Luther King Dr Cincinnati, OH 45229									Women's Health

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c Bethesda Hospital, Inc utilizes the Federal Poverty Guidelines in determining charity care eligibility See the responses to Part I, Lines 3a and 3b An individual's income under FPG is a significant factor in determining eligibility for charity care However, in determining whether to extend discounted or free care to a patient, the patient's assets may also be taken into consideration For example, a patient suffering a catastrophic illness may have a reasonable level of income, but a low level of liquid assets such that the payment of medical bills would be seriously detrimental to the patient's financial (and ultimately physical) well-being and survival Such a patient may be extended discounted or free care based upon the facts and circumstances

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a In 1995, The Good Samaritan Hospital of Cincinnati, Ohio and Bethesda Hospital, Inc formed a partnership called TriHealth, Inc to create an integrated health delivery system whose mission is to improve the health of the people they serve, with an emphasis on prevention, wellness and education. The community benefit provided by Bethesda Hospital, Inc is tracked on a standalone basis, however its community benefit is reported in combination with The Good Samaritan Hospital of Cincinnati, Ohio's community benefit in a report prepared by TriHealth, Inc.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 For the amounts reported at cost, in Part I, Line 7, Bethesda Hospital, Inc utilized Worksheet 2 - Ratio of Patient Care Cost-to-Charges, which was provided in the instructions to Schedule H, to calculate the cost-to-charge ratio

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 g The subsidized health services community benefit amount reported in Part I, Line 7(g) does not include costs attributable to physician clinics

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f \$33,125,129 of bad debt expense that was included in Form 990, Part IX, line 25, column (A) has been removed for purposes of calculating the percentage of total expenses in Schedule H, Part I, line 7, column (f)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Net Patient Accounts Receivable (Part of Footnote A) Net patient accounts receivable and net patient service revenue have been adjusted to the estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors. The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators. Management periodically assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience. The results of these reviews are used to modify as necessary the provisions for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, the Company follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Company. Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of non-governmental patient accounts receivable. The Company grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The percentages of gross patient accounts receivable from patients and third-party payors at June 30 approximated the following: 2010 - Medicare 20%, Medicaid 1%, Managed Care 17%, Self Pay 27%, Commercial and Other 35%; 2009 - Medicare 20%, Medicaid 2%, Managed Care 15%, Self Pay 29%, Commercial and Other 34%. As for the amount of bad debt that reasonably could be attributable to patients who likely would qualify for financial assistance under the organization's charity care policy, Bethesda Hospital, Inc. does not report actual bad debt expense as community benefit. If upon further research, it is ultimately determined that a portion of bad debt expense is attributable to patients who would likely qualify for financial assistance under TriHealth's charity care policy, those costs would be reclassified, as appropriate, to community benefit at that time.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Bethesda Hospital, Inc uses the "stepdown methodology" in determining the Medicare allowable costs reported on the Medicare Cost Report This method of cost finding provides for the allocation of the cost of services rendered by each general service cost center to other cost centers which utilize such services Once the costs of a general service cost center have been allocated, that cost center is considered closed Once closed, it does not receive any of the costs subsequently allocated from the remaining general service cost centers Bethesda Hospital, Inc did not report any Medicare shortfall as community benefit in Part III, Line 7 of this schedule

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V

Form 990 Schedule H, Part VI - Supplemental Information, Line 2
Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Mission and Charitable Purpose In 1896 Bethesda Hospital, Inc ("Bethesda ") began as a home visiting ministry of the Methodist Deaconesses to serve the health need s of the German immigrants living in Cincinnati. Now that ministry once led by Deaconess L ouise Golder and her brother Rev Christian Golder, has grown into several health services for greater Cincinnati. Bethesda, Inc and Good Samaritan Hospital formed a partnership i n 1995 to create a local health system TriHealth, Inc. The mission of TriHealth is to imp rove the health status of the community through a full range of health related services- pr evention, wellness and education. TriHealth values exemplify the founding spirit of the Be thesda Deaconesses. The Bethesda services described below promote community health in acute illness, in management of chronic disease, and in education and prevention measures. Prog rams seek to reduce the burdens on the government. For example, if Bethesda did not addres s the root causes of low birth weight and prematurity, the burden to government medical pr ograms 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 interv entions instead of opting for care matched to patient prognosis, wishes and needs. Communit y health needs, as assessed by independent groups such as the Greater Cincinnati United Wa y the Health Foundation of Greater Cincinnati, continue to correspond with the TriHealth c ommunity 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 comm unity 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 throug h measures such as the hemoglobin A1C, a measure of the patient's diabetes self-management. Bethesda has dedicated staff to assist the community benefit effort including those over seeing the planning, reporting and tracking of community benefit, as well as those providi ng direct service to the poor and broader community. Free and discounted services are prov ided for those unable to pay and meeting eligibility criteria. Through the Hospital Care A ssurance Program (HCAP), Bethesda serves patients meeting criteria set forth by the Ohio D epartment of Jobs and Family Services. Bethesda policy is to provide charity care on a sli ding scale discounting when the family income is up to 400 percent of the annually establi shed federal poverty guideline. Bethesda offers an uninsured discount for medically necess ary services for those who have no insurance and who do not qualify for other financial as sistance options. Bethesda financial counselors assist patients in completing the financia l assistance application which is also available on the website. Brochures about financial assistance are visible and available in hospital registration and admitting areas. Bethesd a provided \$29.4 million in total community benefit for fiscal year 2010. This includes ov er \$22 million in uncompensated care. The amount of benefit for both traditional charity c are and for the unpaid cost of Medicaid is one manifestation of the rising rates of person s without health insurance. The Medicaid public program reimburses the hospital for servic es but payments may not always cover the total cost of care and medications. Bethesda is c ommitted to fulfilling the mission of compassion to the vulnerable members of the communit ies it serves. Bethesda participates in the regional trauma system thus providing the commu nity with access to trauma care. Bethesda's two emergency rooms 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 v erified by the Committee on Trauma of the American College of Surgeons. One example of ong oing efforts by Bethesda to improve the health of the broader community concern programs t o 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 fi rehouse groups to retirement centers. A diabetes support group meets for continued educati on in chronic disease management. The TriHealth Think First program is an established Beth esda service focused on injury prevention. The Thi

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

nk First program staff works with community partners to provide injury prevention programs and community awareness events. Collaborating with the educators, the media, civic clubs and corporations, Think First teaches injury prevention to all age groups. The greater Cincinnati community has identified a significant health need in infant mortality and prematurity. The TriHealth hospitals, Bethesda North and Good Samaritan, have combined efforts with the larger medical community, agencies and other stakeholders to address this health issue. Bethesda North Hospital had over 4,422 deliveries in fiscal year 2010. Of these births and in fiscal year 2010 outcomes, the percentage of mothers with preterm labor was 7.0% (a decrease from 7.5% in fiscal year 2009). The percentage of infants born weighing less than 2500 grams was 6.6% (a slight increase from 6.5% in fiscal year 2009). These outcomes reflect many efforts to further collaborate with obstetricians in the community in reducing unnecessary preterm births. TriHealth also supports outreach to at-risk mothers. Also Bethesda 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 \$2.9 million in fiscal year 2010. Bethesda, as part of TriHealth, sponsors medical residencies. There were thirty-three residents in Obstetrics and Gynecology at both Bethesda and Good Samaritan Hospitals in fiscal year 2010. The Bethesda Family Practice residency included eighteen residents. There were two Bethesda Sports Medicine fellows in fiscal year 2010. 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. Bethesda, 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. Finally, 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 worked with over 100 medical residents in 2010. Approximately 200 research projects were in process. What is learned through the Hatton Institute's research and education programs is shared with the larger community. The Hatton Institute helped researchers give an estimated 60 professional presentations at regional and national meetings. An estimated 20 studies and articles were published 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. 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.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 TriHealth, Inc performs the billing services for all affiliated hospitals including Bethesda Hospital, Inc Brochures/Applications, provided in multiple languages, are visible and available in the registration and admitting areas of all TriHealth affiliated hospitals In addition, the application is printed on the reverse side of a patient's bill with instructions on how to complete the application as well as how to return it Financial counselors assist patients in completing the financial assistance application Finally, TriHealth Inc 's website contains information regarding its charity care and financial assistance programs with directions on how to contact the appropriate personnel to initiate an application or ask questions about the process

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Bethesda Hospital, Inc is comprised of various medical services including Bethesda North Hospital ("North") and Bethesda Medical Center at Arrow Springs ("Arrow Springs") Its Board of Directors is comprised of independent community representatives North is a 360-bed acute tertiary teaching hospital North 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 In addition, North has an open medical staff and a history of training and educating medical residents and health care professionals Finally in concert with the Hatton Institute at The Good Samaritan Hospital of Cincinnati, Ohio, an affiliated hospital, North conducts medical and scientific research programs including studies that are not commercially sponsored North participates in Medicare and Medicaid and other government-sponsored health care programs, and has an active charity care program Arrow Springs comprises a fully staffed 24-hour emergency department, primary care and specialist physicians, diagnostic services, occupational medicine, physical therapy and a pharmacy It provides the same high-quality, patient-centered care and services that is provided by North Both of these facilities are digitally connected, allowing physicians to consult on patient care and share records and test results immediately The Bethesda Hospital, Inc services described above, and others not listed, promote community health in acute illness, in management of chronic disease, and in education and prevention measures which seek to reduce the burdens on the government

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 In 1995, The Good Samaritan Hospital of Cincinnati, Ohio and Bethesda Hospital, Inc formed a partnership called TriHealth, Inc to create an integrated health delivery system whose mission is to improve the health of the people they serve, with an emphasis on prevention, wellness and education TriHealth, Inc 's sites include two hospital locations and various physician office buildings throughout the Greater Cincinnati area in addition to fitness, rehabilitation, occupational health, palliative care services and outpatient centers It also provides services in homes and workplaces and delivers care and education cooperatively through community-based organizations, such as churches, schools, clinics and social agencies

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Bethesda Hospital Inc

Employer identification number
31-0537122

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Uptown Consortium Inc629 Oak Street Suite 306 Cincinnati, OH 45206	200688727	501(c)(3)	154,350				General Purpose
American Heart Association - Great Rivers Affiliate5455 N High Street Cincinnati, OH 43214	135613797	501(c)(3)	61,250				Mini Marathon and Heart Ball Sponsorships
The Center for Closing the Health Gap in Greater Cincinnati3120 Burnet Avenue Suite 201 Cincinnati, OH 45229	200902286	501(c)(3)	56,350				General Purpose
Bethesda Foundation619 Oak Street Cincinnati, OH 45206	237374129	501(c)(3)	28,420				General Purpose
Center for Respite Care Inc PO Box 141301 Cincinnati, OH 45229	202544994	501(c)(3)	24,500				General Purpose
Xavier University3800 Victory Parkway Cincinnati, OH 45207	310537516	501(c)(3)	12,250				Medical/Interfaith Service Trip Sponsorship

2

Enter total number of section 501(c)(3) and government organizations

6

3

Enter total number of other organizations

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

[illegible]

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Bethesda Hospital Inc

Employer identification number
31-0537122

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"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</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 with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		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?		No
b	Any related organization?		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		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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) Retirement and other 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 reportable compensation				
John Prout	(i)	0	0	0	0	0	0	0
	(ii)	749,844	0	325,498	125,103	9,696	1,210,141	256,041
Donna Nienaber Esq	(i)	0	0	0	0	0	0	0
	(ii)	257,602	71,856	31,824	99,929	16,206	477,417	0
Craig Rucker	(i)	0	0	0	0	0	0	0
	(ii)	286,286	96,468	57,482	75,220	7,627	523,083	0
Sher McClanahan	(i)	0	0	0	0	0	0	0
	(ii)	251,708	65,700	20,181	69,034	14,666	421,289	0
William Groneman	(i)	0	0	0	0	0	0	0
	(ii)	288,066	99,003	79,691	110,011	23,981	600,752	13,602
Gerald Oliphant	(i)	0	0	0	0	0	0	0
	(ii)	353,704	104,862	11,556	85,338	21,579	577,039	0
Georges Feghali MD	(i)	0	0	0	0	0	0	0
	(ii)	315,280	107,813	40,652	107,114	22,794	593,653	0
Anthony Borzotta MD	(i)	272,447	0	39,740	32,283	20,738	365,208	0
	(ii)	0	0	0	0	0	0	0
Robert Collins MD	(i)	213,932	50,444	33,716	47,411	11,655	357,158	0
	(ii)	0	0	0	0	0	0	0
Steven Johnson MD	(i)	225,510	4,503	3,130	16,831	17,535	267,509	0
	(ii)	0	0	0	0	0	0	0
Laura Trice MD	(i)	192,214	0	23,125	38,132	12,879	266,350	0
	(ii)	0	0	0	0	0	0	0
Alan Altman MD	(i)	188,808	0	16,500	47,323	20,873	273,504	0
	(ii)	0	0	0	0	0	0	0
Michael Crofton	(i)	0	0	0	0	0	0	0
	(ii)	175,098	40,921	19,879	39,495	21,618	297,011	0
Robert Halonen	(i)	0	0	0	0	0	0	0
	(ii)	0	0	224,306	0	0	224,306	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Eligible executives (generally Vice Presidents and above) participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. TriHealth, Inc., the related organization that paid the salaries of the following individuals listed in Schedule J, Part II, contributed, on behalf of the following individuals, to a supplemental nonqualified retirement plan in the amounts as noted: John Prout - \$93,797; Donna Nienaber, Esq. - \$45,985; Michael Crofton - \$11,894; Craig Rucker - \$52,321; Sher McClanahan - \$36,204; William Groneman - \$62,814; Gerald Oliphant - \$61,222; Georges Feghali, MD - \$65,434; Robert Collins, MD - \$19,392. In addition, the following individual listed in Schedule J, Part II, received a payment from a supplemental nonqualified retirement plan which was treated as taxable compensation by TriHealth, Inc.: William Groneman - \$13,602.
Supplemental Information	Part III	Part I, Line 3: TriHealth, Inc., a related organization of Bethesda Hospital, Inc., uses the following to establish the compensation of the organization's CEO/Executive Director: Compensation Committee, independent compensation consultant, compensation survey or study, and approval by the Board/Compensation Committee.

Additional Data

Software ID:
Software Version:
EIN: 31-0537122
Name: Bethesda Hospital Inc

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493131015391
SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
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 (non-voting 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		Bethesda, Inc must approve certain financial transactions, amendments to Bethesda Hospital, Inc 's governing documents and those matters reserved by Ohio law

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Members of the Board are provided an electronic copy of this Form 990 prior to filing. However, for the protection of donor privacy, Schedule B - Schedule of Contributors was removed from the copy provided to the Board. Subsequent to presentation to the Board, the organization files the return making any non-substantive changes necessary to effect e-filing. Any such non-substantive changes are not submitted to the Board.

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 include 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 Bethesda Hospital, Inc 's officers and key employees, the annual 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. Additionally, all discussions and decisions are contemporaneously documented.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Bethesda Hospital, Inc will provide any documents open to public inspection upon request.

Identifier	Return Reference	Explanation
Form 990, Part XI, line 2c	Change in Process of Audit Oversight or Selection of Independent Auditor	The financial statements of Bethesda Hospital, Inc ("Hospital") are audited with its subsidiaries. Hospital has a committee that assumes the responsibility for oversight of the audit of both its and its subsidiaries financial statements. In addition, Hospital's financial statements are audited with Bethesda, Inc, the parent organization of Hospital. Bethesda, Inc has a committee that assumes the responsibility for oversight of the audit of both its and its subsidiaries financial statements as well as the selection of the independent auditor. During the tax year, there was not a change in the process of audit oversight and/or selection of an independent auditor by either Hospital or Bethesda, Inc.

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 & CEO, the Secretary and two other Board members all in accordance with the network affiliation agreement.

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A	Average Hours per Week	Directors, Officers and Key Employees (as noted with a "Sch O" reference) for Bethesda Hospital, Inc provide services to TriHealth, Inc (a related organization who paid the individuals) and its subsidiaries/affiliates ("TriHealth"). 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 TriHealth.

Identifier	Return Reference	Explanation
Form 990, Part I, Line 6	Volunteer Information	During the tax year, Bethesda Hospital, Inc was assisted by 1,233 volunteers who donated approximately 131,720 hours. Volunteers helped through the following: Bethesda North Hospital and Bethesda Medical Center - Arrow Springs ("Hospitals"). These facilities were assisted by 1,215 volunteers who donated approximately 130,500 hours in almost every department of the Hospitals. Volunteers provided services in the various waiting rooms (e.g. endoscopic catheterization, surgery) as well as both the inpatient and outpatient pharmacies and all areas of physical therapy. Escort volunteers discharged a large percentage of both inpatients and outpatients as well as performing errands for the Hospitals. Also volunteers of the Hospitals provided healing touch to inpatients and outpatients, visited with patients and their families, provided pastoral care services to patients and provided the book cart to patients each day. Finally, crafter volunteers, working from their homes, made various items for patients and new borns. Senior Services (Seniority and SeniorLink) Volunteers of Seniority, which provides continuing education for older adults and their families, assisted in various special events/projects as well as provided office help. SeniorLink helps people 55 and older with chronic care needs to stay healthy and independent as long as possible by providing participants with medical and social services delivered in their homes and at one of three SeniorLink day health centers. Volunteers assisted in various services offered by SeniorLink.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 16b	Adoption of Written Policy and Procedures Evaluating JV Arrangements	During the year, Bethesda Hospital, Inc participated in a joint venture with one or more taxable persons and/or organizations. As of the end of the fiscal year, Bethesda Hospital, Inc had not adopted a written policy or procedure that requires the organization to negotiate, in its transactions and arrangements with other members of the venture or arrangement, such terms and safeguards as are adequate to ensure that the organization's exempt status is protected. However, all joint ventures, when entered into, have outside legal counsel review of the operating agreement or other organizational documents to ensure that that the organization's exempt status is protected prior to the commencement of the joint venture. Once the joint venture commences, Bethesda Hospital, Inc personnel monitors its activities to ensure the organization's exempt status is protected.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Bethesda Hospital Inc

Employer identification number
31-0537122

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(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 Care	OH	N/A	Related	179,610	428,246		No		Yes	
10600 Montgomery LLC 619 Oak Street-Accounting 3 West Cincinnati, OH45206 26-1964995	Property Management	OH	N/A								

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Consolidated Health Services Inc 1000 Summit Drive Ste 300 Milford, OH45150 31-1378212	Holding Company	OH	N/A	C			
American Nursing Care Inc 1000 Summit Drive Ste 300 Milford, OH45150 31-1085414	Nursing Care	OH	N/A	C			
Amerimed Inc 1000 Summit Drive Ste 300 Milford, OH45150 31-1158699	Medical Supplies	OH	N/A	C			
Patient Transport Services Inc 1000 Summit Drive Ste 300 Milford, OH45150 31-1100798	Ambulance Services	OH	N/A	C			
TJ CubedMontgomery Inc 619 Oak Street-Accounting 3 West Cincinnati, OH45206 26-1964885	Holding Company	OH	N/A	S			

Part V

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

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 Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m

1n

1o Yes

1p

1q

1r Yes

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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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 Inc 619 Oak Street-Accounting 3 West Cincinnati, OH45206 31-1108895	Investment Management	OH	Section 501(c)(3)	Schedule A, Line 11c	N/A
Bethesda Foundation Inc 619 Oak Street-Accounting 3 West Cincinnati, OH45206 23-7374129	Fundraising	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 11b	Bethesda Inc
Bethesda Family Practice Center 619 Oak Street-Accounting 3 West Cincinnati, OH45206 31-1242442	Healthcare Services	OH	Section 501(c)(3)	Schedule A, Line 11c	Bethesda Hospital Inc
Bethesda Properties Inc 619 Oak Street-Accounting 3 West Cincinnati, OH45206 31-1352694	Property Management	OH	Section 501(c)(2)		Bethesda Hospital Inc
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
Fernside Inc A Center for Grieving Children 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
TriHealth Inc 619 Oak Street-Accounting 3 West Cincinnati, OH45206 31-1438846	Support Affiliated Hospitals	OH	Section 501(c)(3)	Schedule A, Line 11b	N/A

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 Healthcare Inc	A	36,054
(2)	Hospice of Cincinnati Incorporated	A	32,004
(3)	Bethesda Properties Inc	J	1,402,410
(4)	Bethesda Healthcare Inc	J	441,275
(5)	TriHealth Inc	K	60,000
(6)	Bethesda Inc	B	5,000,000
(7)	Bethesda Foundation Inc	C	628,100
(8)	American Nursing Care Inc	L	1,141,636
(9)	Patient Transport Service Inc	L	1,033,699
(10)	Bethesda Foundation Inc	R	131,250
(11)	Bethesda Foundation Inc	B	28,420
(12)	TriHealth Inc	O	57,547,482

Additional Data

Software ID:

Software Version:

EIN: 31-0537122

Name: Bethesda Hospital Inc

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

(A) Name and Title	(B) Average hours per week	(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			
Stephen Schrantz Vice Chairman	1 00	X		X				0	0	0
James Schwab Chairman	1 00	X		X				0	0	0
Robert Hoverson Secretary (End 11/09)	1 00	X		X				0	0	0
Michael Havercamp Trustee (Start 12/09)	1 00	X						0	0	0
Robert Walker Treasurer	1 00	X		X				0	0	0
John Prout President/CEO (Sch O)	60 00	X		X				0	1,075,342	134,799
Paul Edgett III Trustee	1 00	X						0	0	0
Craig Eisentrout MD Trustee (End 12/09)	1 00	X						0	0	0
Silvania Ng MD Trustee (Start 1/10)	1 00	X						0	0	0
Thomas Finn Trustee	1 00	X						0	0	0
Yvonne Washington Trustee (End 9/09)	1 00	X						0	0	0
Myrtis Powell Trustee (Start 10/09)	1 00	X						0	0	0
Edward Harness Jr Trustee	1 00	X						0	0	0
George Kerlakian MD Trustee (End 12/09)	1 00	X						0	0	0
Marc Alexander MD Trustee (Start 1/10)	1 00	X						0	0	0
Sr Mary Ellen Murphy Trustee	1 00	X						0	0	0
Mark Serrienne Trustee (End 8/09)	1 00	X						0	0	0
Michael McGraw Secretary (Start 9/09)	1 00	X						0	0	0
Donna Nienaber Esq Asst Secretary (Sch O)	60 00			X				0	361,282	116,135
Craig Rucker Asst Treas/CFO (Sch O)	60 00			X				0	440,236	82,847
Sher McClanahan COO - BNH	40 00				X			0	337,589	83,700
William Groneman Exec VP (Sch O)	60 00				X			0	466,760	133,992
Gerald Oliphant Exec VP & COO (Sch O)	60 00				X			0	470,122	106,917
Georges Feghali MD CMO (Sch O)	60 00				X			0	463,745	129,908
Anthony Borzotta MD Physician	40 00					X		312,187	0	53,021

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
Patient Revenue	621,990	476,176,229	474,664,322	1,511,907	
Nonpatient Lab Revenue	621,990	839,887		839,887	
A ffiliated Org Rental	532,000	507,013	507,013		
Research Revenue	900,099	234,302	234,302		
JO A Revenue	900,099	-4,433,830	-4,433,830		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medical/Dietary Supply	99,169,017	98,917,554	251,463	
Bad Debt	33,125,129	33,125,129		
Repairs & Maintenance	6,151,441	5,744,797	406,644	
Ohio Hospital Fee	4,907,508	4,907,508		
Intercompany O verhead	457,125	457,125		

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b As of the filing of this return, Bethesda Hospital, Inc , as part of TriHealth, Inc , maintains a written debt collection policy TriHealth, Inc , who performs the billing services for all affiliated hospitals, will not initiate collection practices on patients who are known to qualify for charity care or financial assistance Before collection actions are taken, TriHealth, Inc will make reasonable efforts, generally as early in the billing process as possible, to determine whether a patient is eligible for financial assistance After such efforts have been made and a balance remains that is the responsibility of the patient or guarantor, TriHealth, Inc may pursue, in its sole discretion, whatever actions it may be entitled to take under law

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(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			
Robert Collins MD Physician	40 00					X		298,092	0	59,066
Steven Johnson MD Physician	40 00					X		233,143	0	34,366
Laura Trice MD Physician	40 00					X		215,339	0	51,011
Alan Altman MD Physician	40 00					X		205,308	0	68,196
Michael Crofton Officer (Sch O)	60 00						X	0	235,898	61,113
Robert Halonen Officer	20 00						X	0	224,306	0