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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

BETHESDA HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

619 OAK STREET - ACCOUNTING 3 WEST

Room/suite

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

CINCINNATI, OH 45206

D Employer identification number

31-0537122

E Telephone number

(513) 569-6575

G Gross receipts \$

952,724,203

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 subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.TRIHEALTH.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ 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	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
Revenue	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	4,595
	6	Total number of volunteers (estimate if necessary)	6	1,050
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,414,723
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-721,310
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,464,202	1,645,677
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	492,854,572	505,225,012
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,563,530	34,488,118
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,695,001	10,916,344
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	537,577,305	552,275,151
	14	Benefits paid to or for members (Part IX, column (A), line 4)	270,235	944,657
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	235,951,491	248,558,720
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	229,256,169	226,768,845
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	465,477,895	476,272,222
	19	Revenue less expenses Subtract line 18 from line 12	72,099,410	76,002,929
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	745,236,425	792,794,824
	21	Total liabilities (Part X, line 26)	326,300,852	324,175,185
	22	Net assets or fund balances Subtract line 21 from line 20	418,935,573	468,619,639

Part II

Signature Block

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

Sign Here

Signature of officer

BRIAN KRAUSE VP FINANCE

Type or print name and title

2015-05-11

Date

Prnt/Type preparer's name

Firm's name BKD LLP

Firm's address 312 WALNUT STREET SUITE 3000

CINCINNATI, OH 45202

Preparer's signature

Phone no (513) 621-8300

Date

Check ☐ if self-employed

PTIN P00961884

Firm's EIN 44-0160260

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO IMPROVE THE HEALTH STATUS OF THE PEOPLE WE SERVE THIS IS ACCOMPLISHED BY PROVIDING A FULL RANGE OF HEALTH RELATED SERVICES INCLUDING PREVENTION, WELLNESS AND EDUCATION

2

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

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?

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 392,333,619 including grants of \$ 944,657) (Revenue \$ 506,206,910)

SEE SCHEDULE H

4b

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

4c

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

4d



















Other program services (Describe in Schedule O)

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

4e

Total program service expenses 392,333,619

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	434			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,595			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds 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				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>	14b				

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶BRIAN KRAUSE - VP FINANCE 619 OAK STREET - ACCOUNTING 3 WEST CINCINNATI, OH 45206 (513) 569-5126

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HAVERKAMP TRUSTEE	1 00 3 00	X						0	0	0
(2) ROBERT WALKER SECRETARY	1 00 3 00	X		X				0	0	0
(3) JOHN PROUT PRESIDENT/CEO	15 00 45 00	X		X				0	1,455,153	328,652
(4) PAUL EDGETT III TRUSTEE	1 00 3 00	X						0	0	0
(5) MYRTIS POWELL TRUSTEE	1 00 3 00	X						0	0	0
(6) SR SALLY DUFFY TRUSTEE	1 00 3 00	X						0	0	0
(7) MICHAEL MCGRAW CHAIRMAN	1 00 3 00	X		X				0	0	0
(8) STEPHEN BLATT MD MED STAFF PRES-GOOD SAM (END 12/13)	3 00 18 00	X						0	439,556	59,073
(9) STUART DONOVAN MD MED STAFF PRES-BETHESDA (END 12/13)	8 00 3 00	X						45,000	553,218	11,255
(10) JOANN LOHR MD MED STAFF PRES-GOOD SAM (START 1/14)	3 00 18 00	X						0	84,621	25,845
(11) ALAN ALTMAN MD MED STAFF PRES-BETHESDA (START 1/14)	8 00 3 00	X						18,500	266,091	91,628
(12) CRAIG EISENTROUT MD TRUSTEE	1 00 3 00	X						0	111,149	8,503
(13) WAYNE SHIRCLIFF VICE CHAIRMAN/TREASURER	1 00 3 00	X		X				0	0	0
(14) DONNA NIENABER ESQ SVP CORP COUNSEL/ASST SECRETARY	15 00 45 00			X				0	503,646	159,585
(15) CRAIG RUCKER SVP CFO/ASST TREASURER	15 00 45 00			X				0	590,695	138,806
(16) WILLIAM GRONEMAN EXEC VP SYSTEM DEVELOPMENT	15 00 45 00				X			0	587,950	184,458
(17) GERALD OLIPHANT EXEC VP & COO	15 00 45 00				X			0	657,505	152,110

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGES FEGHALI MD CHIEF MEDICAL OFFICER	15 00 45 00				X			0	580,831	174,618
(19) JOHN ROBINSON MD SVP-HOSPITAL OPERATIONS	25 00 35 00				X			0	386,049	94,986
(20) BARB BOYNE EXEC DIRECTOR-BETHESDA NORTH	60 00 0 00				X			0	210,337	76,767
(21) RAYMOND HELLMANN MD PHYSICIAN	60 00 0 00					X		240,044	0	61,281
(22) MATTHEW BISCOTTI MD PHYSICIAN	60 00 0 00					X		223,550	0	20,247
(23) SAKUNTHALA NATARAJAN MD PHYSICIAN	60 00 0 00					X		218,491	0	95,200
(24) ROBERT KUNKEL MD PHYSICIAN	60 00 0 00					X		207,866	0	48,619
(25) LORRAINE STEPHENS MD PHYSICIAN	60 00 0 00					X		201,581	0	57,849
(26) MICHAEL CROFTON FORMER	15 00 45 00						X	0	296,442	75,394
(27) SHER MCCLANAHAN FORMER	0 00 60 00						X	0	371,613	111,860
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,155,032	7,094,856	1,976,736

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶96

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD CO 80112	CLINICAL ENGINEERING	6,037,272
AMERICAN NURSING CARE INC 1700 EDISON DRIVE SUITE 300 MILFORD OH 45150	NURSE STAFFING	3,210,765
ARUP PO BOX 27964 SALT LAKE CITY UT 84127	LABORATORY RESEARCH & DVLPMT	2,039,705
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE SUITE 300 MILFORD OH 45150	PATIENT TRANSPORTATION	1,736,345
BUTLER PHYSICIAN'S MGMT LLC 6770 CINCINNATI-DAYTON RD 112 LIBERTY TWP OH 45044	MANAGEMENT	932,272
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶47		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	1,632,682			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	12,995			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,645,677			
Program Service Revenue	2a	PATIENT REVENUE	Business Code 621990	510,698,291	508,916,234	1,782,057
	b	SENIOR SERVICES	900099	1,000,627	1,000,627	
	c	JV REVENUE	900099	724,250	724,250	
	d	AFFILIATED ORG RENTAL	532000	710,945		710,945
	e	JOA REVENUE	900099	-8,369,059	-8,369,059	
	f	All other program service revenue		459,958	459,958	
	g	Total. Add lines 2a-2f	505,225,012			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,153,863		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real 592,603	(ii) Personal		
b		Less rental expenses	0			
c		Rental income or (loss)	592,603			
d		Net rental income or (loss)	592,603			592,603
7a		Gross amount from sales of assets other than inventory	(i) Securities 430,140,012	(ii) Other 87,750		
b		Less cost or other basis and sales expenses	399,889,174	4,333		
c		Gain or (loss)	30,250,838	83,417		
d		Net gain or (loss)	30,334,255			30,334,255
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses b				
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses b				
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold b	817,875			
c		Net income or (loss) from sales of inventory	555,545			
	Miscellaneous Revenue	Business Code				
11a	APOTHECARY	621990	4,719,491		1,346,024	3,373,467
b	EHR MEANINGFUL USE	900099	2,251,000	2,251,000		
c	CAFETERIA	900099	1,842,708			1,842,708
d	All other revenue		1,248,212	961,570	286,642	
e	Total. Add lines 11a-11d		10,061,411			
12	Total revenue. See Instructions		552,275,151	506,206,910	3,414,723	41,007,841

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	944,657	944,657		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,078,253		3,078,253	
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.	190,076,501	159,062,304	31,014,197	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	14,223,383	10,735,330	3,488,053	
9	Other employee benefits.	27,362,664	21,834,976	5,527,688	
10	Payroll taxes.	13,817,919	11,448,575	2,369,344	
11	Fees for services (non-employees):				
a	Management.	2,754,219	2,697,069	57,150	
b	Legal.	2,248,647	3,325	2,245,322	
c	Accounting.	493,537	18,450	475,087	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,363,869		1,363,869	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	37,521,839	31,188,442	6,333,397	
12	Advertising and promotion.	3,389,734	150,129	3,239,605	
13	Office expenses.	6,824,466	4,302,594	2,521,872	
14	Information technology.	9,083,524	863,284	8,220,240	
15	Royalties.				
16	Occupancy.	13,639,205	11,808,660	1,830,545	
17	Travel.	1,002,695	695,282	307,413	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	8,852,390	8,852,390		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	31,977,530	22,673,393	9,304,137	
23	Insurance.	3,077,110	2,320,862	756,248	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL/DIETARY SUPPLY	84,633,866	84,355,604	278,262	
b	EQUIPMENT & REPAIRS	8,780,470	8,334,724	445,746	
c	OHIO HOSPITAL FEE	7,654,356	7,654,356		
d	OVERHEAD ALLOCATION	1,108,071	1,108,071		
e	All other expenses	2,363,317	1,281,142	1,082,175	
25	Total functional expenses. Add lines 1 through 24e.	476,272,222	392,333,619	83,938,603	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,633,981	1	0
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		43,043,237	4	51,153,337
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		683	7	
	8	Inventories for sale or use		2,200,187	8	2,582,531
	9	Prepaid expenses and deferred charges		1,906,667	9	1,906,667
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a535,400,542			
	b	Less accumulated depreciation	10b315,152,763	232,270,578	10c	220,247,779
	11	Investments—publicly traded securities		214,404,703	11	240,070,922
	12	Investments—other securities See Part IV, line 11		128,729,515	12	116,591,438
	13	Investments—program-related See Part IV, line 11		23,748,065	13	116,034,123
	14	Intangible assets		21,994,285	14	21,688,933
	15	Other assets See Part IV, line 11		72,304,524	15	22,519,094
	16	Total assets. Add lines 1 through 15 (must equal line 34)		745,236,425	16	792,794,824
Liabilities	17	Accounts payable and accrued expenses		38,276,775	17	41,994,678
	18	Grants payable			18	
	19	Deferred revenue		2,203,519	19	1,579,971
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		213,947,487	23	198,336,915
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		71,873,071	25	82,263,621
	26	Total liabilities. Add lines 17 through 25		326,300,852	26	324,175,185
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		407,736,039	27	455,869,344
	28	Temporarily restricted net assets		11,199,534	28	12,750,295
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		418,935,573	33	468,619,639
	34	Total liabilities and net assets/fund balances		745,236,425	34	792,794,824

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	552,275,151
2	Total expenses (must equal Part IX, column (A), line 25)	2	476,272,222
3	Revenue less expenses Subtract line 2 from line 1	3	76,002,929
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	418,935,573
5	Net unrealized gains (losses) on investments	5	975,803
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,542,506
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-28,837,172
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	468,619,639

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETHESDA HOSPITAL INC

Employer identification number
31-0537122

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated

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 supported organization?

11g(i)

☐

☐

(ii)

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

11g(ii)

☐

☐

(iii)

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

11g(iii)

☐

☐

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (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 function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		6,953
j	Total. Add lines 1c through 1i.			6,953
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	DURING THE TAX YEAR, BETHESDA HOSPITAL, INC ("HOSPITAL") PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A PORTION (\$2,887) OF WHICH RELATED TO LOBBYING ACTIVITIES. IN ADDITION, TRIHEALTH, INC , A RELATED ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL, PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS A PORTION OF WHICH RELATED TO LOBBYING ACTIVITIES. A PORTION OF THE AFOREMENTIONED ADMINISTRATIVE SUPPORT SERVICES ARE ALLOCATED TO HOSPITAL AND \$4,066 OF THE AMOUNT SHOWN ON LINE 1I REPRESENTS HOSPITAL'S SHARE OF THESE LOBBYING EXPENSES.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**

▶ **Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

Part II

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ **Yes**☐ **No**

6

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

7

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

8

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

☐ **Yes**☐ **No**

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

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

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,958,314	3,566,136	3,799,868	3,112,953	2,666,720
b Contributions		716	1,251	79,856	1,000
c Net investment earnings, gains, and losses	285,534	415,730	-156,863	607,059	445,233
d Grants or scholarships					
e Other expenditures for facilities and programs	146,018	24,268	78,120		
f Administrative expenses					
g End of year balance	4,097,830	3,958,314	3,566,136	3,799,868	3,112,953

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

Board designated or quasi-endowment

b

Permanent endowment 77 000 %

c

Temporarily restricted endowment 23 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		957,693		957,693
b Buildings		308,970,253	132,043,638	176,926,615
c Leasehold improvements		1,951,479	1,444,602	506,877
d Equipment		215,497,450	180,011,078	35,486,372
e Other		8,023,667	1,653,445	6,370,222
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				220,247,779

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A) EMERGING MARKETS	17,575,930	F
(B) PRIVATE EQUITY	15,964,837	F
(C) HEDGE FUNDS	25,888,556	F
(D) REAL ESTATE	26,566,542	F
(E) OTHER	30,595,573	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	116,591,438	

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN JOINT VENTURES	116,034,123	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	116,034,123	

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1 (a) Description of liability	(b) Book value	
Federal income taxes		
THIRD PARTY SETTLEMENTS	7,840,552	
PENSION LIABILITY	15,614,915	
ACCRUED EIB	6,512,376	
MALPRACTICE INSURANCE/WORKERS COMPENATION LIABILITY	22,484,742	
ENVIRONMENTAL REMEDIATION LIABILITY	3,002,422	
DUE TO RELATED ORGANIZATIONS	26,808,614	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	82,263,621	

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	
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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	INVESTMENT PROCEEDS FROM ENDOWMENT FUNDS ARE USED TO SUPPORT BETHESDA HOSPITAL, INC PROGRAMS
PART X, LINE 2	THE FINANCIAL STATEMENTS OF BETHESDA HOSPITAL, INC ARE AUDITED AS PART OF TRIHEALTH AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH") FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE AUDITED COMBINED FINANCIAL STATEMENTS OF TRIHEALTH THAT REPORTS ITS AND ITS SUBSIDIARIES AND AFFILIATES LIABILITY, IF APPLICABLE, FOR UNCERTAIN TAX POSITIONS UNDER ASC 740-10-25 TRIHEALTH COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2014 AND 2013, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AT JUNE 30, 2014 AND 2013. IN ADDITION, THE FINANCIAL STATEMENTS OF BETHESDA HOSPITAL, INC ARE AUDITED AS PART OF ITS PARENT, BETHESDA, INC FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF BETHESDA, INC ("COMPANY") THAT REPORTS ITS AND ITS SUBSIDIARIES LIABILITY, IF APPLICABLE, FOR UNCERTAIN TAX POSITIONS UNDER ASC 740-10-25 THE COMPANY COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2014 AND 2013, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2014 AND 2013

[illegible]

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETHESDA HOSPITAL INC

Employer identification number
31-0537122

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
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?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	No
b	If "Yes," did the organization make it available to the public?	5c	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,101,267	4,528,528	6,572,739	1 380 %
b Medicaid (from Worksheet 3, column a)			54,962,268	34,998,989	19,963,279	4 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			66,063,535	39,527,517	26,536,018	5 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,857,433	2,089,015	1,768,418	0 370 %
f Health professions education (from Worksheet 5)			8,111,275	5,723,006	2,388,269	0 500 %
g Subsidized health services (from Worksheet 6)			91,950	51,694	40,256	0 010 %
h Research (from Worksheet 7)			706,890		706,890	0 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			78,890		78,890	0 020 %
j Total Other Benefits			12,846,438	7,863,715	4,982,723	1 050 %
k Total . Add lines 7d and 7j			78,909,973	47,391,232	31,518,741	6 620 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
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 III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

35,268,502

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

94,578,376

6

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

6

96,559,766

7

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

7

-1,981,390

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 2 HAND AMBULATORY SURGERY CENTER LLC	HAND AMBULATORY SURGERY CENTER	50.000 %		50.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

Name, address, primary website address, and state license number

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

BETHESDA NORTH HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.TRIHEALTH.COM</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input checked="" type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input checked="" type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

b ☐ Notified individuals of the financial assistance policy prior to discharge

c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
BETHESDA BUTLER HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)2

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.TRIHEALTH.COM</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input checked="" type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input checked="" type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

b ☐ Notified individuals of the financial assistance policy prior to discharge

c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V Facility Information *(continued)*

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

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **17**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	BETHESDA HOSPITAL, INC UTILIZES THE FEDERAL POVERTY GUIDELINES ("FPG") 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 ADDITIONALLY, AN INDIVIDUAL'S INCOME IN RELATION TO HIS/HER MEDICAL EXPENSES IS ALSO TAKEN INTO ACCOUNT AND SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES

Form and Line Reference	Explanation
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 and Line Reference	Explanation
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 and Line Reference	Explanation
PART I, LINE 7G	THE SUBSIDIZED HEALTH SERVICES COMMUNITY BENEFIT AMOUNT REPORTED IN PART I, LINE 7(G) DOES NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25 IT IS PRESENTED ON FORM 990, PART VIII, LINE 2 AS A DEDUCTION FROM PATIENT SERVICE REVENUE WHICH CORRESPONDS TO ITS FINANCIAL STATEMENT PRESENTATION SEE RESPONSE TO PART III, LINE 4 THEREFORE, NO ADJUSTMENT TO TOTAL EXPENSES SHOWN ON FORM 990, PART IX, LINE 25 IS NECESSARY

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BETHESDA HOSPITAL, INC DID NOT ENGAGE IN ANY COMMUNITY BUILDING ACTIVITIES DURING THE TAX YEAR

Form and Line Reference	Explanation
PART III, LINE 2	SEE SCHEDULE H, PART III, LINE 4

Form and Line Reference	Explanation
PART III, LINE 3	SEE SCHEDULE H, PART III, LINE 4

Form and Line Reference	Explanation
PART III, LINE 4	<p>BETHESDA HOSPITAL, INC 'S FINANCIAL STATEMENTS ARE AUDITED AS PART OF THE TRIHEALTH AUDIT REPORT NET PATIENT ACCOUNTS RECEIVABLE (PART OF FOOTNOTE B) 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 SIGNIFICANT PROVISION IS MADE FOR SELF-PAY PATIENT ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, TRIHEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY TRIHEALTH OVERALL, THE TOTAL WRITE-OFFS OF UNCOLLECTIBLE ACCOUNTS AND ALLOWANCES ON SELF-PAY PATIENT ACCOUNTS RECEIVABLE HAS NOT SIGNIFICANTLY CHANGED SINCE JUNE 30, 2013 TRIHEALTH HAS NOT EXPERIENCED SIGNIFICANT CHANGES IN WRITE-OFF TRENDS AND HAS NOT CHANGED ITS CHARITY CARE POLICY SINCE JUNE 30, 2013 THE OVERALL ALLOWANCE PERCENTAGE FOR UNCOLLECTIBLE ACCOUNTS WENT FROM 52% AT JUNE 30, 2013 TO 37% AT JUNE 30, 2014 AS A RESULT OF CHANGES IN PAYOR MIX DUE TO THE AFFORDABLE CARE ACT FINANCIAL INSTRUMENTS THAT POTENTIALLY SUBJECT TRIHEALTH TO CONCENTRATIONS OF CREDIT RISK CONSIST PRIMARILY OF NON-GOVERNMENTAL PATIENT ACCOUNTS RECEIVABLE TRIHEALTH 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 2014 - MEDICARE 18%, MEDICAID 4%, MANAGED CARE 26%, SELF PAY 20%, COMMERCIAL AND OTHER 32% 2013 - MEDICARE 19%, MEDICAID 3%, MANAGED CARE 22%, SELF PAY 23%, COMMERCIAL AND OTHER 33% TRIHEALTH HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES THE BASIS FOR PAYMENT UNDER THESE AGREEMENTS INCLUDES PROSPECTIVELY DETERMINED RATES, COST REIMBURSEMENT, NEGOTIATED DISCOUNTS FROM ESTABLISHED RATES, AND PER DIEM PAYMENTS PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS DUE TO FUTURE AUDITS, REVIEW AND INVESTIGATIONS THE DIFFERENCES BETWEEN THE ESTIMATED AND ACTUAL ADJUSTMENTS ARE RECORDED AS PART OF NET PATIENT SERVICE REVENUE IN FUTURE PERIODS, AS THE AMOUNTS BECOME KNOWN, OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS TRIHEALTH RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH IT DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AS A RESULT, THE PROVISION FOR BAD DEBT IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS 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 PLEASE NOTE THAT BAD DEBT EXPENSE IS NOT DETERMINED UNTIL AFTER ALL DISCOUNTS AND ANY ASSOCIATED PAYMENTS ARE TAKEN INTO ACCOUNT IF ANY PAYMENTS ARE RECEIVED AFTER A PATIENT ACCOUNT IS DETERMINED TO BE BAD DEBT, THE ACCOUNT WILL BE ADJUSTED ACCORDINGLY AT THAT TIME</p>

Form and Line Reference	Explanation
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 and Line Reference	Explanation
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 and Line Reference	Explanation
PART VI, LINE 2	<p>IN 1896, BETHESDA HOSPITAL, INC ("BETHESDA") BEGAN AS A HOME VISITING MINISTRY OF THE MET HODIST DEACONESSES TO SERVE THE HEALTH NEEDS OF THE GERMAN IMMIGRANTS LIVING IN CINCINNATI NOW THAT MINISTRY, ONCE LED BY DEACONESS LOUISE GOLDER AND HER BROTHER REV CHRISTIAN GO LDER, HAS GROWN INTO SEVERAL HEALTH SERVICES FOR GREATER CINCINNATI IN 1995, BETHESDA, IN C AND GOOD SAMARITAN HOSPITAL FORMED A PARTNERSHIP TO CREATE A LOCAL HEALTH SYSTEM TRIHE ALTH, INC ("TRIHEALTH") THE MISSION OF TRIHEALTH IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH A FULL RANGE OF HEALTH RELATED SERVICES-PREVENTION, WELLNESS AND EDUCATI ON AND THUS EXEMPLIFY THE FOUNDING SPIRIT OF THE BETHESDA DEACONESSES THE SERVICES DESCRIB ED BELOW, AND OTHERS NOT LISTED, PROMOTE COMMUNITY HEALTH IN ACUTE ILLNESS, IN MANAGEMENT OF CHRONIC DISEASE, AND IN EDUCATION AND PREVENTION MEASURES PROGRAMS SEEK TO REDUCE THE BURDENS ON THE GOVERNMENT FOR EXAMPLE, IF BETHESDA DID NOT ADDRESS THE ROOT CAUSES OF LOW BIRTH WEIGHT AND PREMATURITY, THE BURDEN TO GOVERNMENT MEDICAL PROGRAMS SUCH AS MEDICAID WOULD BE EVEN GREATER IN 2011 AND 2012, BETHESDA, AS A PART OF TRIHEALTH, PARTICIPATED IN AND WAS A FUNDER OF THE WORK OF A COLLABORATIVE, REGIONAL EFFORT, THE A I M FOR BETTER H EALTH COMMUNITY HEALTH NEEDS ASSESSMENT ("A I M ") IN THE AREAS ASSESSED, THOSE SURVEYED WERE MORE OFTEN UNDERSERVED, INCLUDING THE UNINSURED, THE UNDERINSURED, THOSE IN LOW SOCIO ECONOMIC STATUS, MINORITIES, THOSE OVER THE AGE OF SIXTY-FIVE, OR THOSE WITH A DIAGNOSIS O F MENTAL ILLNESS THE A I M , PUBLISHED IN THE SPRING OF 2012, WAS THE BASIS FOR BETHESDA' S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ADOPTED IN FISCAL YEAR 2013 FREE AND DISCOUNTED SERVICES ARE PROVIDED FOR THOSE UNABLE TO PAY AND MEETING ELIGIBILITY C RITERIA THROUGH THE HOSPITAL CARE ASSURANCE PROGRAM (HCAP), BETHESDA SERVES PATIENTS MEET ING CRITERIA SET FORTH BY THE OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES BETHESDA POLICY IS TO PROVIDE CHARITY CARE ON A SLIDING SCALE DISCOUNTING WHEN THE FAMILY INCOME IS UP TO 400 PERCENT OF THE ANNUALLY ESTABLISHED FEDERAL POVERTY GUIDELINE IT OFFERS AN UNINSURED DISCOUNT FOR MEDICALLY NECESSARY SERVICES FOR THOSE WHO HAVE NO INSURANCE AND WHO DO NOT QUALIFY FOR OTHER FINANCIAL ASSISTANCE OPTIONS FINANCIAL COUNSELORS ASSIST PATIENTS IN CO MPLETING THE FINANCIAL ASSISTANCE APPLICATION WHICH IS AVAILABLE ON TRIHEALTH'S WEBSITE AN D BROCHURES ABOUT FINANCIAL ASSISTANCE ARE VISIBLE AND AVAILABLE IN HOSPITAL REGISTRATION AND ADMITTING AREAS DURING THE YEAR, BETHESDA PROVIDED COMMUNITY BENEFIT (INCLUDING UNCOMP ENSATED CARE) AS SHOWN ON PART I, LINE 7 THE AMOUNT OF BENEFIT FOR BOTH TRADITIONAL CHARI TY CARE AND FOR THE UNPAID COST OF MEDICAID IS ONE MANIFESTATION OF THE RISING RATES OF PE RSONS WITHOUT HEALTH INSURANCE THE MEDICAID PUBLIC PROGRAM REIMBURSES HOSPITALS FOR SERVI CES BUT PAYMENTS MAY NOT ALWAYS COVER THE TOTAL COST OF CARE AND MEDICATIONS THE UNPAID C OST OF MEDICARE IS NOT INCLUDED IN TOTAL COMMUNITY BENEFIT BETHESDA IS COMMITTED TO FULFI LLING THE MISSION OF COMPASSION TO THE VULNERABLE MEMBERS OF THE COMMUNITIES THEY SERVE BE THESDA PARTICIPATES IN THE REGIONAL TRAUMA SYSTEM THUS PROVIDING THE COMMUNITY WITH ACCESS TO TRAUMA CARE THE TWO EMERGENCY ROOMS OF BETHESDA PROVIDE 24-HOUR EMERGENCY CARE TO COM MUNITY MEMBERS LIVING IN THE NORTHEAST CORRIDOR OF CINCINNATI AS WELL AS WARREN, BUTLER, A ND CLERMONT COUNTIES BETHESDA IS A LEVEL III TRAUMA CENTER AS VERIFIED BY THE COMMITTEE O N TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS ONE EXAMPLE OF ONGOING EFFORTS BY BETHESDA T O IMPROVE THE HEALTH OF THE BROADER COMMUNITY ARE PROGRAMS TO ADDRESS THE IDENTIFIED HEALT H NEED OF DIABETES DIABETES EDUCATORS EXTEND THE EDUCATION TO THE COMMUNITY BY PROVIDING CLASSES TO A DIVERSE POPULATION, FROM AREA INDUSTRIES AND FIREHOUSE GROUPS TO RETIREMENT C ENTERS A DIABETES SUPPORT GROUP MEETS FOR CONTINUED EDUCATION IN CHRONIC DISEASE MANAGEME NT THOUGH HEALTHY WOMEN HEALTHY LIVES WAS INSTITUTED IN JULY 2007 BY GOOD SAMARITAN HOSPI TAL WOMEN'S SERVICES TO IMPROVE THE HEALTH OF THE GREATER CINCINNATI COMMUNITY, IT IS NOW FISCALLY SUPPORTED BY BETHESDA HOSPITAL AS WELL, MAKING IT A TRIHEALTH SYSTEM PROGRAM HEA LTHY WOMEN HEALTHY LIVES IS AN APPROACH BASED ON THE PREMISE THAT PREVENTION, EARLY DETECT ION, TREATMENT AND ACCESS TO HEALTH CARE SERVICES IMPROVE INDIVIDUAL AND COMMUNITY HEALTH OUTCOMES THE FOCUS IS ON HEALTH RISKS ASSOCIATED WITH THE ONSET OF MENOPAUSE WELL ORGANI ZED SCREENING AND EDUCATION EVENTS BRING THE SERVICES TO AT RISK POPULATIONS OF AFRICAN AM ERICAN, APPALACHIAN, HISPANIC, UNINSURED AND UNDERINSURED WOMEN FORTY YEARS OF AGE OR OLDE R SCREENING INCLUDES OSTEOPOROSIS, MAMMOGRAPHY, CHOLESTEROL, HYPERTENSION, AND OBESITY E VERY WOMAN RECEIVES A NURSE CONSULTATION, A COPY OF THEIR RESULTS AND A WRITTEN PRIMARY CA RE REFERRAL WOMEN WITH ABNORMAL RESULTS ARE CONTACTED AND ASSISTED IN ACCESSING PRIMARY C ARE IN ADDITION, WOMEN NEEDING PREGNANCY AND GYNE</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>COLOGIC CARE CAN ACCESS THIS SERVICE AT THE OB/GYN CENTER AT BETHESDA NORTH HOSPITAL CARE IS PROVIDED BY THE MEDICAL RESIDENTS IN OBSTETRICS AND GYNECOLOGY, SUPERVISED BY FACULTY PHYSICIANS FINANCIAL COUNSELORS AND CARE COORDINATORS ASSIST IN FINDING APPROPRIATE COVER AGE, PAYMENT PLANS AND FINANCIAL AID AS MANY OF THE WOMEN SERVED BY THE OB/GYN CENTER AT BETHESDA NORTH HOSPITAL HAVE LIMITED PROFICIENCY IN ENGLISH, QUALIFIED BILINGUAL STAFF ASSIST IN LANGUAGE INTERPRETATION THE TRIHEALTH THINK FIRST PROGRAM IS AN ESTABLISHED BETHES DA SERVICE FOCUSED ON INJURY PREVENTION THE THINK FIRST PROGRAM STAFF WORKS WITH COMMUNIT Y PARTNERS TO PROVIDE INJURY PREVENTION PROGRAMS AND COMMUNITY AWARENESS EVENTS COLLABORA TING WITH THE EDUCATORS, THE MEDIA, CIVIC CLUBS AND CORPORATIONS, THINK FIRST TEACHES INJU RY PREVENTION TO ALL AGE GROUPS THE GREATER CINCINNATI COMMUNITY HAS IDENTIFIED A SIGNIFI CANT HEALTH NEED IN INFANT MORTALITY AND PREMATURITY TRIHEALTH HAS COMBINED EFFORTS WITH THE LARGER MEDICAL COMMUNITY, AGENCIES AND OTHER STAKEHOLDERS TO ADDRESS THIS ISSUE AS A SYSTEM, TRIHEALTH WORKS TO REDUCE ELECTIVE DELIVERIES BEFORE THE 39TH WEEK THE CARE MANAG EMENT PROVIDED TO MOTHERS BY BETHESDA PERINATAL SOCIAL WORKERS AND CARE COORDINATORS HELP IN THIS GOAL BETHESDA, WITH OTHER ORGANIZATIONS, PROVIDE SUPPORT TO THE RESPITE CENTER, SE RVING THE ADULT HOMELESS OF CINCINNATI THE RESPITE CENTER, WITH 14 BEDS AND 24 HOUR COVER AGE, PROVIDES FREE MEDICAL SERVICES AND ACCOMMODATIONS FOR HOMELESS PERSONS NEEDING SOME M EDICAL OVERSIGHT RESPITE HELPS PEOPLE WITHOUT HOMES TOWARD INDEPENDENT LIVING IN PERMANEN T HOUSING BETHESDA CONTINUES A COMMITMENT TO EDUCATING THE NEXT GENERATION OF HEALTH CARE PROVIDERS--PHYSICIANS AND ALLIED HEALTH PROFESSIONALS COST IN EXCESS OF GOVERNMENTAL SUP PORT FOR MEDICAL EDUCATION PROGRAMS AT BETHESDA TOTALED OVER \$2 MILLION IN FISCAL YEAR 2014 BETHESDA, AS PART OF TRIHEALTH, SPONSORS MEDICAL RESIDENCIES THERE WERE 32 TOTAL RESIDE NTS IN A JOINT OBSTETRICS AND GYNECOLOGY RESIDENCY AT TRIHEALTH HOSPITALS IN FISCAL YEAR 2 014 WITH THREE GYNECOLOGY-UROLOGY FELLOWS ALSO, THE BETHESDA FAMILY PRACTICE RESIDENCY IN CLUDED 19 RESIDENTS AND TWO BETHESDA SPORTS MEDICINE FELLOWS IN FISCAL YEAR 2014 THE BETHE SDA PARAMEDIC TRAINING PROGRAM IS A HOSPITAL-BASED PROGRAM ACCREDITED BY THE OHIO DEPARTME NT OF TRANSPORTATION THROUGH THIS TRAINING PROGRAM, CERTIFIED EMERGENCY MEDICAL TECHNICIA NS 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 HEALT H FIELDS THESE PARTNERSHIPS HELP STUDENTS LEARN ABOUT AND PREPARE FOR PROFESSIONS IN NURS E PRACTITIONER, RESPIRATORY THERAPY, RADIOLOGY TECHNOLOGY, STERILE PROCESSING, PHLEBOTOMY, MEDICAL LABORATORY, PHARMACY, SPEECH, AUDIOLOGY, PHYSICAL THERAPY, AND OCCUPATIONAL THERA PY IN CONCLUSION, ASIDE FROM THE CHARITY CARE AND UNPAID COST OF MEDICARE PROGRAMS, BETHE SDA PROVIDES THE COMMUNITY WITH HEALTH CARE SERVICES AND PROGRAMS, MEDICAL EDUCATION, AND CASH AND IN-KIND CONTRIBUTIONS FOR THE POOR AND THE BROADER COMMUNITY THIS COMMITMENT TO COMMUNITY HEALTH REVEALS BETHESDA'S FOUNDING SPIRIT OF CONCERN FOR THE VULNERABLE IT ALSO REFLECTS THE ONGOING, TANGIBLE EFFORTS AND CONTRIBUTIONS OF COUNTLESS EMPLOYEES, PHYSICIA NS AND LEADERS LIVING THE CORE VALUES OF STEWARDSHIP AND RESPONSE TO COMMUNITY NEEDS</p>

Form and Line Reference	Explanation
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 and Line Reference	Explanation
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 THIS AREA IS 2,150,000 THE POPULATION WITHIN THE FIVE OHIO COUNTIES SERVED BY BETHESDA HOSPITAL, INC AND TRIHEALTH, INC IS ESTIMATED TO BE 1,663,000 AND 11 0 PERCENT OF THIS POPULATION IS UNINSURED

Form and Line Reference	Explanation
PART VI, LINE 5	<p>BETHESDA HOSPITAL, INC IS COMPRISED OF VARIOUS MEDICAL SERVICES INCLUDING BETHESDA NORTH HOSPITAL ("NORTH"), BETHESDA MEDICAL CENTER AT ARROW SPRINGS ("ARROW SPRINGS") AND BETHESDA BUTLER HOSPITAL ("HOSPITAL") ITS BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY REPRESENTATIVES NORTH IS A 458-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 COMMERCIALY 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 BUTLER IS A 10-BED SURGICAL HOSPITAL WITH EIGHT OPERATING ROOMS, THREE ENDOSCOPY SUITES, TWO PROCEDURE ROOMS AND A 24-HOUR EMERGENCY DEPARTMENT ALSO, BUTLER WILL BE OPENING, IN DECEMBER 2015, A 51,000 SQUARE FOOT EXPANSION ON ITS CAMPUS INCLUDING A 45,000 SQUARE FOOT, TWO STORY INPATIENT BUILDING 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 SEE RESPONSE TO PART VI, LINE 2 FOR ADDITIONAL INFORMATION</p>

Form and Line Reference	Explanation
PART VI, LINE 6	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 FOUR 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

Additional Data

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

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

Form and Line Reference	Explanation
BETHESDA NORTH HOSPITAL	<p>PART V, SECTION B, LINE 3 INPUT WAS RECEIVED FROM INDIVIDUALS REPRESENTING UNDERSERVED POPULATIONS USING THE THREE SURVEY APPROACHES DESCRIBED BELOW -CHNA GROUP LEVEL ASSESSMENTS (GLAS) THE UNIVERSITY OF CINCINNATIS ACTION RESEARCH CENTER FACILITATED LARGE GROUP COMMUNITY DISCUSSIONS (GROUP LEVEL ASSESSMENTS) WITH SERVICE PROVIDERS IN EACH OF THE COUNTIES COVERED BY THE CHNA THE TOTAL NUMBER OF SERVICE PROVIDERS AT THE COUNTY GLAS RANGED FROM AS FEW AS NINE PEOPLE TO AS MANY AS 30 PEOPLE OVERALL, APPROXIMATELY 200 SERVICE PROVIDERS ACROSS THE COUNTIES PARTICIPATED THE RESULTS OF THE GLAS WERE PRESENTED BACK TO THE SERVICE PROVIDERS AND COMMUNITY AT LARGE THROUGH A SERIES OF PUBLIC PRESENTATIONS CHNA COMMUNITY HEALTH SURVEY THE ACTION RESEARCH CENTER ALSO SURVEYED POPULATIONS IN THE GREATER CINCINNATI REGION THAT ARE MORE OFTEN UNDERSERVED WITH A PARTICULAR FOCUS ON HEALTH CARE CONSUMERS WHO ARE UNINSURED, UNDERINSURED, LOW SOCIOECONOMIC STATUS, MINORITY, AGE 65 PLUS OR WHO HAVE BEEN DIAGNOSED WITH MENTAL ILLNESS SURVEYS WERE ADMINISTERED TO MORE THAN 1,000 COMMUNITY RESIDENTS ACROSS THE NINE COUNTIES WITH OVERSAMPLING OF VULNERABLE GROUPS INCLUDING MENTAL ILLNESS RESPONDENTS WHO REPORTED BEING DIAGNOSED WITH OR HAVING EXPERIENCE WITH MENTAL ILLNESS (214 RESPONDENTS) SENIORS THOSE 65 YEARS OF AGE OR OLDER (126 RESPONDENTS) HISPANIC/LATINOS THOSE OF LATIN AMERICAN ORIGIN (154 RESPONDENTS) AFRICAN IMMIGRANTS WEST AFRICAN AND CENTRAL AFRICAN IMMIGRANTS TO THE CINCINNATI AREA (48 RESPONDENTS) LOW INCOME RESPONDENTS REPORTING COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS (472 RESPONDENTS) FAMILIES AT RISK FAMILIES WITH CHILDREN UNDER THE AGE OF 18 LIVING IN THE HOUSE REPORTING A COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS (257 RESPONDENTS) THE INTERVIEW QUESTIONS WERE DRAFTED AND NARROWED TO A TOTAL OF 17 QUESTIONS IN FIVE CATEGORIES INCLUDING DEFINING HEALTH AND CONCERNS, ORGANIZATIONAL OPERATIONS PERTAINING TO COMMUNITY IMPROVEMENT, COLLABORATION AND ASSISTANCE, MEASUREMENT AND CLOSING QUESTIONS THE SURVEYS CONTAINED QUESTIONS REGARDING BARRIERS TO HEALTH CARE, USAGE OF HEALTH CARE, HEALTH CARE NEEDS AND DEMOGRAPHIC INFORMATION CHNA STAKEHOLDER INTERVIEWS WITH COUNTY LEADERS FURTHER INDIVIDUAL INPUT WAS OBTAINED THROUGH ONE-ON-ONE INTERVIEWS WITH COUNTY LEADERS LASTING 45-60 MINUTES EACH THIRTY INTERVIEWS WERE CONDUCTED IN PERSON, THREE OUT OF SIX REQUESTS TO COMPLETE THE ONLINE VERSION WERE FULFILLED, THREE INDIVIDUALS DECLINED, AND EIGHT INDIVIDUALS WERE UNABLE TO BE SCHEDULED DUE TO LACK OF RESPONSE FOLLOWING ARE ORGANIZATIONS AND GROUPS CONSULTED WHILE CONDUCTING THE CHNA GROUP LEVEL ASSESSMENTS REPRESENTATION BUTLER COUNTY BUTLER 211, BUTLER COUNTY FAMILY CHILDREN FIRST COUNCIL, BUTLER COUNTY SUCCESS, EDUCATIONAL SERVICE CENTER - SUCCESS, FAIRFIELD CITY SCHOOLS, LIFESPAN, MIDDLETOWN HEALTH DEPARTMENT, PRIMARY HEALTH SOLUTIONS, SERVE CITY, TALAWANDA SCHOOL DISTRICT BOARD, BUTLER COUNTY HEALTH DEPARTMENT AND OXFORD COLLEGE CORNER FREE CLINIC CLERMONT COUNTY AMERICAN CANCER SOCIETY, CHILD FOCUS, INC, CLERMONT COUNTY HEALTH DISTRICT, LIFEPOINT SOLUTIONS, MERCY CLERMONT, MERCY CLERMONT OUTREACH, SISTERS OF MERCY CLERMONT HAMILTON COUNTY CENTERPOINT HEALTH, CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER, CINCINNATI HEALTH DEPARTMENT, CROSSROAD HEALTH CENTER, EVERYBODY RIDES METRO, HAMILTON COUNTY PUBLIC HEALTH, HEALTH CARE ACCESS NOW, PRO SENIORS, INC, SINCERE HOME HEALTH CARE, SINCERE HOME HEALTH CARE, TALBERT HOUSE, THE GREATER CINCINNATI FOUNDATION, THE HEALTH FOUNDATION OF GREATER CINCINNATI, THE HEALTH COLLABORATIVE, THE HEALTHCARE CONNECTION, THE HEALTHCARE CONNECTION LINCOLN HEIGHTS, UNIVERSITY OF CINCINNATI FAMILY RESIDENCY WARREN COUNTY ABUSE RAPE CRISIS SHELTER, FAMILY & CHILDREN FIRST COUNCIL, HEALTH DISTRICT (HEALTH DEPARTMENT), OHIO STATE UNIVERSITY EXTENSION, TRIHEALTH, WARREN COUNTY CAREER CENTER, WARREN COUNTY COMMUNITY SERVICES, WARREN COUNTY UNITED WAY STAKEHOLDER INTERVIEWS REPRESENTATION ALL COUNTIES CHATFIELD COLLEGE, GREATER CINCINNATI FOUNDATION, HEALTHSOURCE OF OHIO, SOUTHERN STATE COMMUNITY COLLEGE, UNIVERSITY OF CINCINNATI INSTITUTE FOR POLICY RESEARCH BUTLER COUNTY BUTLER COUNTY SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES, HAMILTON COMMUNITY FOUNDATION, MIDDLETOWN AREA UNITED WAY, MIDDLETOWN CITY HEALTH DEPARTMENT, MIDDLETOWN COMMUNITY FOUNDATION CLERMONT COUNTY CLERMONT COUNTY COMMUNITY SERVICES, CLERMONT COUNTY MENTAL HEALTH AND RECOVERY BOARD, UNITED WAY OF GREATER CINCINNATI HAMILTON COUNTY CINCINNATI/HAMILTON COMMUNITY ACTION AGENCY, HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD, HAMILTON COUNTY PUBLIC HEALTH, SANTA MARIA COMMUNITY SERVICES, UNITED WAY OF GREATER CINCINNATI WARREN COUNTY MENTAL HEALTH AND RETARDATION SERVICES OF WARREN AND CLINTON COUNTIES, WARREN COUNTY COMBINED HEALTH DISTRICT, WARREN COUNTY COMMUNITY SERVICES INC</p>

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

Form and Line Reference	Explanation
BETHESDA BUTLER HOSPITAL	<p>PART V, SECTION B, LINE 3 INPUT WAS RECEIVED FROM INDIVIDUALS REPRESENTING UNDERSERVED POPULATIONS USING THE THREE SURVEY APPROACHES DESCRIBED BELOW CHNA GROUP LEVEL ASSESSMENTS (GLAS) THE UNIVERSITY OF CINCINNATIS ACTION RESEARCH CENTER FACILITATED LARGE GROUP COMMUNITY DISCUSSIONS (GROUP LEVEL ASSESSMENTS) WITH SERVICE PROVIDERS IN EACH OF THE COUNTIES COVERED BY THE CHNA THE TOTAL NUMBER OF SERVICE PROVIDERS AT THE COUNTY GLAS RANGED FROM AS FEW AS NINE PEOPLE TO AS MANY AS 30 PEOPLE OVERALL, APPROXIMATELY 200 SERVICE PROVIDERS ACROSS THE COUNTIES PARTICIPATED THE RESULTS OF THE GLAS WERE PRESENTED BACK TO THE SERVICE PROVIDERS AND COMMUNITY AT LARGE THROUGH A SERIES OF PUBLIC PRESENTATIONS CHNA COMMUNITY HEALTH SURVEY THE ACTION RESEARCH CENTER ALSO SURVEYED POPULATIONS IN THE GREATER CINCINNATI REGION THAT ARE MORE OFTEN UNDERSERVED WITH A PARTICULAR FOCUS ON HEALTH CARE CONSUMERS WHO ARE UNINSURED, UNDERINSURED, LOW SOCIOECONOMIC STATUS, MINORITY, AGE 65 PLUS OR WHO HAVE BEEN DIAGNOSED WITH MENTAL ILLNESS SURVEYS WERE ADMINISTERED TO MORE THAN 1,000 COMMUNITY RESIDENTS ACROSS THE NINE COUNTIES WITH OVERSAMPLING OF VULNERABLE GROUPS INCLUDING MENTAL ILLNESS RESPONDENTS WHO REPORTED BEING DIAGNOSED WITH OR HAVING EXPERIENCE WITH MENTAL ILLNESS (214 RESPONDENTS) SENIORS THOSE 65 YEARS OF AGE OR OLDER (126 RESPONDENTS) HISPANIC/LATINOS THOSE OF LATIN AMERICAN ORIGIN (154 RESPONDENTS) AFRICAN IMMIGRANTS WEST AFRICAN AND CENTRAL AFRICAN IMMIGRANTS TO THE CINCINNATI AREA (48 RESPONDENTS) LOW INCOME RESPONDENTS REPORTING COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS (472 RESPONDENTS) FAMILIES AT RISK FAMILIES WITH CHILDREN UNDER THE AGE OF 18 LIVING IN THE HOUSE REPORTING A COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS (257 RESPONDENTS) THE INTERVIEW QUESTIONS WERE DRAFTED AND NARROWED TO A TOTAL OF 17 QUESTIONS IN FIVE CATEGORIES INCLUDING DEFINING HEALTH AND CONCERNS, ORGANIZATIONAL OPERATIONS PERTAINING TO COMMUNITY IMPROVEMENT, COLLABORATION AND ASSISTANCE, MEASUREMENT AND CLOSING QUESTIONS THE SURVEYS CONTAINED QUESTIONS REGARDING BARRIERS TO HEALTH CARE, USAGE OF HEALTH CARE, HEALTH CARE NEEDS AND DEMOGRAPHIC INFORMATION CHNA STAKEHOLDER INTERVIEWS WITH COUNTY LEADERS FURTHER INDIVIDUAL INPUT WAS OBTAINED THROUGH ONE-ON-ONE INTERVIEWS WITH COUNTY LEADERS LASTING 45-60 MINUTES EACH THIRTY INTERVIEWS WERE CONDUCTED IN PERSON, THREE OUT OF SIX REQUESTS TO COMPLETE THE ONLINE VERSION WERE FULFILLED, THREE INDIVIDUALS DECLINED, AND EIGHT INDIVIDUALS WERE UNABLE TO BE SCHEDULED DUE TO LACK OF RESPONSE FOLLOWING ARE ORGANIZATIONS AND GROUPS CONSULTED WHILE CONDUCTING THE CHNA GROUP LEVEL ASSESSMENTS REPRESENTATION BUTLER COUNTY BUTLER 211, BUTLER COUNTY FAMILY CHILDREN FIRST COUNCIL, BUTLER COUNTY SUCCESS, EDUCATIONAL SERVICE CENTER - SUCCESS, FAIRFIELD CITY SCHOOLS, LIFESPAN, MIDDLETOWN HEALTH DEPARTMENT, PRIMARY HEALTH SOLUTIONS, SERVE CITY, TALAWANDA SCHOOL DISTRICT BOARD, BUTLER COUNTY HEALTH DEPARTMENT AND OXFORD COLLEGE CORNER FREE CLINIC CLERMONT COUNTY AMERICAN CANCER SOCIETY, CHILD FOCUS, INC , CLERMONT COUNTY HEALTH DISTRICT, LIFEPOINT SOLUTIONS, MERCY CLERMONT, MERCY CLERMONT OUTREACH, SISTERS OF MERCY CLERMONT HAMILTON COUNTY CENTERPOINT HEALTH, CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER, CINCINNATI HEALTH DEPARTMENT, CROSSROAD HEALTH CENTER, EVERYBODY RIDES METRO, HAMILTON COUNTY PUBLIC HEALTH, HEALTH CARE ACCESS NOW, PRO SENIORS, INC, SINCERE HOME HEALTH CARE, SINCERE HOME HEALTH CARE, TALBERT HOUSE, THE GREATER CINCINNATI FOUNDATION, THE HEALTH FOUNDATION OF GREATER CINCINNATI, THE HEALTH COLLABORATIVE, THE HEALTHCARE CONNECTION, THE HEALTHCARE CONNECTION LINCOLN HEIGHTS, UNIVERSITY OF CINCINNATI FAMILY RESIDENCY WARREN COUNTY ABUSE RAPE CRISIS SHELTER, FAMILY & CHILDREN FIRST COUNCIL, HEALTH DISTRICT (HEALTH DEPARTMENT), OHIO STATE UNIVERSITY EXTENSION, TRIHEALTH, WARREN COUNTY CAREER CENTER, WARREN COUNTY COMMUNITY SERVICES, WARREN COUNTY UNITED WAY STAKEHOLDER INTERVIEWS REPRESENTATION ALL COUNTIES CHATFIELD COLLEGE, GREATER CINCINNATI FOUNDATION, HEALTHSOURCE OF OHIO, SOUTHERN STATE COMMUNITY COLLEGE, UNIVERSITY OF CINCINNATI INSTITUTE FOR POLICY RESEARCH BUTLER COUNTY BUTLER COUNTY SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES, HAMILTON COMMUNITY FOUNDATION, MIDDLETOWN AREA UNITED WAY, MIDDLETOWN CITY HEALTH DEPARTMENT, MIDDLETOWN COMMUNITY FOUNDATION CLERMONT COUNTY CLERMONT COUNTY COMMUNITY SERVICES, CLERMONT COUNTY MENTAL HEALTH AND RECOVERY BOARD, UNITED WAY OF GREATER CINCINNATI HAMILTON COUNTY CINCINNATI/HAMILTON COMMUNITY ACTION AGENCY, HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD, HAMILTON COUNTY PUBLIC HEALTH, SANTA MARIA COMMUNITY SERVICES, UNITED WAY OF GREATER CINCINNATI WARREN COUNTY MENTAL HEALTH AND RETARDATION SERVICES OF WARREN AND CLINTON COUNTIES, WARREN COUNTY COMBINED HEALTH DISTRICT, WARREN COUNTY COMMUNITY SERVICES INC</p>

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

Form and Line Reference	Explanation
BETHESDA NORTH HOSPITAL	PART V, SECTION B, LINE 4 ADAMS COUNTY REGIONAL MEDICAL CENTER, ATRIUM MEDICAL CENTER, DEARBORN COUNTY HOSPITAL, FORT HAMILTON HOSPITAL, GREATER CINCINNATI FOUNDATION, GREATER CINCINNATI HEALTH COUNCIL, HAMILTON COUNTY PUBLIC HEALTH, HIGHLAND COUNTY HEALTH DEPARTMENT, LINDNER CENTER OF HOPE, MARGARET MARY COMMUNITY HOSPITAL, MCCULLOUGH-HYDE MEMORIAL HOSPITAL, MERCY HEALTH, MIDDLETOWN HEALTH DEPARTMENT, UC HEALTH, UNITED WAY OF GREATER CINCINNATI, GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, BETHESDA BUTLER COUNTY

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

Form and Line Reference	Explanation
BETHESDA BUTLER HOSPITAL	PART V, SECTION B, LINE 4 ADAMS COUNTY REGIONAL MEDICAL CENTER, ATRIUM MEDICAL CENTER, DEARBORN COUNTY HOSPITAL, FORT HAMILTON HOSPITAL, GREATER CINCINNATI FOUNDATION, GREATER CINCINNATI HEALTH COUNCIL, HAMILTON COUNTY PUBLIC HEALTH, HIGHLAND COUNTY HEALTH DEPARTMENT, LINDNER CENTER OF HOPE, MARGARET MARY COMMUNITY HOSPITAL, MCCULLOUGH-HYDE MEMORIAL HOSPITAL, MERCY HEALTH, MIDDLETOWN HEALTH DEPARTMENT, UC HEALTH, UNITED WAY OF GREATER CINCINNATI, BETHESDA NORTH HOSPITAL, GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO

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

Form and Line Reference	Explanation
BETHESDA NORTH HOSPITAL	PART V, SECTION B, LINE 7 OBESITY - BETHESDA NORTH HOSPITAL WILL ADDRESS THIS NEED IN HAMILTON AND BUTLER COUNTIES, HOWEVER, IT WILL NOT, AT THIS TIME, ENTER INTO SPECIFIC PROGRAMS IN WARREN AND CLERMONT COUNTIES THESE COUNTIES HAVE POPULATIONS THAT ARE SIGNIFICANTLY SMALLER AND LESS DENSE THAN HAMILTON AND BUTLER COUNTIES, THEREBY PRESENTING ADDITIONAL CHALLENGES FOR AN EFFECTIVE AND COMPREHENSIVE STRATEGY SUBSTANCE ABUSE/MENTAL HEALTH - THIS NEED WILL NOT BE ADDRESSED BY BETHESDA NORTH HOSPITAL AS ITS AFFILIATED HOSPITAL IN THE TRIHEALTH, INC SYSTEM, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO PROVIDES THIS CARE THROUGH ITS GERIATRIC AND ADULT BEHAVIORAL HEALTH PATIENT UNITS IT WILL NOT ADDRESS MENTAL HEALTH NEEDS OTHERWISE AS THERE IS A COMPREHENSIVE OUTPATIENT PROGRAM FOR SUBSTANCE ABUSE ELSEWHERE IN THE TRIHEALTH, INC SYSTEM, TO WHICH GOOD SAMARITAN HOSPITAL BELONGS BETHESDA NORTH HOSPITAL BELIEVES THAT IT CAN LEVERAGE THE TRIHEALTH NETWORK TO ASSIST IN ADDRESSING PORTIONS OF THIS SIGNIFICANT NEED, THEREBY PERMITTING IT TO ALLOCATE RESOURCES TO OTHER SIGNIFICANT NEEDS

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

Form and Line Reference	Explanation
BETHESDA BUTLER HOSPITAL	PART V, SECTION B, LINE 7 SUBSTANCE ABUSE/MENTAL HEALTH - THIS NEED WILL NOT BE ADDRESSED BY BETHESDA BUTLER HOSPITAL AS IT HAS A SISTER HOSPITAL, GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, WHICH IS IN THE TRIHEALTH, INC SYSTEM, PROVIDING THIS CARE IT WILL NOT ADDRESS MENTAL HEALTH NEEDS OTHERWISE AS THERE IS A COMPREHENSIVE OUTPATIENT PROGRAM FOR SUBSTANCE ABUSE ELSEWHERE IN THE TRIHEALTH, INC SYSTEM SERVING THE BROAD COMMUNITY THAT INCLUDES BUTLER COUNTY ACCESS TO DENTAL HEALTH SERVICES - THIS NEED WILL NOT BE ADDRESSED BY BETHESDA BUTLER AS DENTAL SERVICES ARE NOT A CORE HOSPITAL COMPETENCY AND BETHESDA BUTLER HOSPITAL DOES NOT HAVE THE CAPACITY TO SERVE THIS NEED IN BUTLER COUNTY THE TRIHEALTH SYSTEM OPERATES A FREE DENTAL CLINIC IN HAMILTON COUNTY, WHICH CAN SERVE BUTLER COUNTY RESIDENTS HOMELESSNESS - THIS NEED WILL NOT BE ADDRESSED BY BETHESDA BUTLER HOSPITAL BECAUSE IT IS NOT A CORE HOSPITAL COMPETENCY AND BETHESDA BUTLER HOSPITAL DOES NOT HAVE THE CAPACITY TO SERVE THIS HEALTH NEED IN BUTLER COUNTY

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

Form and Line Reference	Explanation
BETHESDA NORTH HOSPITAL	PART V, SECTION B, LINE 12I SELECT CLINIC DISCOUNT - ELIGIBLE SERVICES RENDERED IN OR ORDERED BY PHYSICIANS AT SELECT CLINICS MAY BE DISCOUNTED IN AN AMOUNT NOT TO EXCEED 85% O/B CLINIC DISCOUNT - O/B CLINIC PATIENTS RECEIVING ELIGIBLE SERVICES WHO DO NOT QUALIFY FOR FREE CARE AND FOR WHOM THE CHARITY CARE DISCOUNT IS NOT SUFFICIENT MAY RECEIVE A DISCOUNTED FLAT FEE PRICE FOR SUCH SERVICES UNIQUE CIRCUMSTANCES ALLOWANCE - ALLOWANCES MAY BE GRANTED TO PATIENTS WITH UNIQUE CIRCUMSTANCES WHO DO NOT QUALIFY FOR ANY OTHER FINANCIAL ASSISTANCE

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

Form and Line Reference	Explanation
BETHESDA BUTLER HOSPITAL	PART V, SECTION B, LINE 12I SELECT CLINIC DISCOUNT - ELIGIBLE SERVICES RENDERED IN OR ORDERED BY PHYSICIANS AT SELECT CLINICS MAY BE DISCOUNTED IN AN AMOUNT NOT TO EXCEED 85% O/B CLINIC DISCOUNT - O/B CLINIC PATIENTS RECEIVING ELIGIBLE SERVICES WHO DO NOT QUALIFY FOR FREE CARE AND FOR WHOM THE CHARITY CARE DISCOUNT IS NOT SUFFICIENT MAY RECEIVE A DISCOUNTED FLAT FEE PRICE FOR SUCH SERVICES UNIQUE CIRCUMSTANCES ALLOWANCE - ALLOWANCES MAY BE GRANTED TO PATIENTS WITH UNIQUE CIRCUMSTANCES WHO DO NOT QUALIFY FOR ANY OTHER FINANCIAL ASSISTANCE

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

Form and Line Reference	Explanation
BETHESDA NORTH HOSPITAL	PART V, SECTION B, LINE 14G BETHESDA NORTH HOSPITAL DOES NOT PROVIDE A DETAILED COPY OF ITS FINANCIAL ASSISTANCE POLICY TO PATIENTS HOWEVER IT DOES PROVIDE A SUMMARY OF THE POLICY IN A MANNER LISTED IN LINES 13A-13E IN ADDITION, SUCH INFORMATION SHALL BE PROVIDED IN LANGUAGES CONSIDERED TO BE COMMONLY SPOKEN BY THE POPULATION BETHESDA NORTH HOSPITAL SERVES IF TRANSLATION OR OTHER ASSISTANCE IS NEEDED TO FACILITATE COMPLETION AND/OR UNDERSTANDING OF THE FINANCIAL ASSISTANCE POLICY AND/OR APPLICATION TRANSLATION AND OTHER REASONABLE REQUESTS FOR ASSISTANCE WILL BE PROVIDED

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

Form and Line Reference	Explanation
BETHESDA BUTLER HOSPITAL	PART V, SECTION B, LINE 14G BETHESDA BUTLER COUNTY MEDICAL CENTER DOES NOT PROVIDE A DETAILED COPY OF ITS FINANCIAL ASSISTANCE POLICY TO PATIENTS HOWEVER IT DOES PROVIDE A SUMMARY OF THE POLICY IN A MANNER LISTED IN LINES 13A-13E IN ADDITION, SUCH INFORMATION SHALL BE PROVIDED IN LANGUAGES CONSIDERED TO BE COMMONLY SPOKEN BY THE POPULATION BETHESDA BUTLER COUNTY MEDICAL CENTER SERVES IF TRANSLATION OR OTHER ASSISTANCE IS NEEDED TO FACILITATE COMPLETION AND/OR UNDERSTANDING OF THE FINANCIAL ASSISTANCE POLICY AND/OR APPLICATION TRANSLATION AND OTHER REASONABLE REQUESTS FOR ASSISTANCE WILL BE PROVIDED

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

Form and Line Reference	Explanation
BETHESDA NORTH HOSPITAL	<p>PART V, SECTION B, LINE 20D BETHESDA NORTH HOSPITAL ("BNH") ISSUES A BILLING STATEMENT TO ALL FAP-ELIGIBLE INDIVIDUALS THAT STATE GROSS CHARGES FOR THE CARE RECEIVED AS THE STARTING POINT FOR APPLYING THE DISCOUNTS AND DEDUCTIONS THE FAP-ELIGIBLE INDIVIDUAL IS ENTITLED TO UNDER ITS FAP, SUCH THAT THE AMOUNT THAT A FAP-ELIGIBLE IS REQUIRED TO PAY IS (I) LESS THAN THE GROSS CHARGES FOR SUCH CARE AND (II) TYPICALLY LESS THAN THE AMOUNTS GENERALLY BILLED TO PERSONS WITH INSURANCE CURRENTLY, AS PART OF THE TRIHEALTH SYSTEM, BNH PROVIDES FREE CARE TO PATIENTS WHOSE INCOME FALLS BELOW 100% OF THE FEDERAL POVERTY GUIDELINES IN ADDITION, IT PROVIDES DISCOUNTED CARE ON A SLIDING SCALE TO PATIENTS WITH INCOMES ALL THE WAY UP TO 400% OF THE FEDERAL POVERTY GUIDELINES ANY UNINSURED PATIENT THAT FILLS OUT A FINANCIAL ASSISTANCE FORM AUTOMATICALLY RECEIVES A 40% DISCOUNT REGARDLESS OF INCOME WHILE OTHER PATIENTS RECEIVE A 45% DISCOUNT (INCOME BETWEEN 300% AND 400% OF POVERTY GUIDELINES), 60% DISCOUNT (INCOME BETWEEN 200% AND 300% OF POVERTY GUIDELINES), OR AN 80% DISCOUNT (INCOME BETWEEN 100% AND 200% OF POVERTY GUIDELINES) THE CURRENT AVERAGE DISCOUNT WITH COMMERCIAL INSURANCE COMPANIES IS 63% SO VIRTUALLY ALL PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE WITH INCOME UP TO 300% OF THE POVERTY GUIDELINES ARE RECEIVING DISCOUNTS EQUAL TO OR GREATER THAN THE AVERAGE COMMERCIAL INSURANCE DISCOUNT IN ADDITION, BNH BELIEVES THE TRIHEALTH FINANCIAL ASSISTANCE POLICY IS GENEROUS AS MANY HOSPITALS DO NOT OFFER ANY FINANCIAL ASSISTANCE TO PATIENTS WITH INCOME OVER 300% OF THE POVERTY GUIDELINE HOWEVER, IT PREFERS TO EXTEND DISCOUNTS TO SUCH INDIVIDUALS RATHER THAN DENY THEM ELIGIBILITY UNDER THE POLICY SO THAT SUCH INDIVIDUALS RECEIVE SOME FINANCIAL ASSISTANCE RATHER THAN NONE</p>

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

Form and Line Reference	Explanation
BETHESDA BUTLER HOSPITAL	<p>PART V, SECTION B, LINE 20D BETHESDA BUTLER HOSPITAL ("BBH") ISSUES A BILLING STATEMENT TO ALL FAP-ELIGIBLE INDIVIDUALS THAT STATES GROSS CHARGES FOR THE CARE RECEIVED AS THE STARTING POINT FOR APPLYING THE DISCOUNTS AND DEDUCTIONS THE FAP-ELIGIBLE INDIVIDUAL IS ENTITLED TO UNDER ITS FAP, SUCH THAT THE AMOUNT THAT AN FAP-ELIGIBLE INDIVIDUAL IS REQUIRED TO PAY IS (I) LESS THAN THE GROSS CHARGES FOR SUCH CARE, AND (II) TYPICALLY LESS THAN THE AMOUNTS GENERALLY BILLED TO PERSONS WITH INSURANCE CURRENTLY, AS PART OF THE TRIHEALTH SYSTEM, BBH PROVIDES FREE CARE TO PATIENTS WHOSE INCOME FALLS BELOW 100% OF THE FEDERAL POVERTY GUIDELINES IN ADDITION, IT PROVIDES DISCOUNTED CARE ON A SLIDING SCALE TO PATIENTS WITH INCOMES ALL THE WAY UP TO 400% OF THE FEDERAL POVERTY GUIDELINES ANY UNINSURED PATIENT THAT FILLS OUT A FINANCIAL ASSISTANCE FORM AUTOMATICALLY RECEIVES A 40% DISCOUNT REGARDLESS OF INCOME WHILE OTHER PATIENTS RECEIVE A 45% DISCOUNT (INCOME BETWEEN 300% AND 400% OF POVERTY GUIDELINES), 60% DISCOUNT (INCOME BETWEEN 200% AND 300% OF POVERTY GUIDELINES), OR AN 80% DISCOUNT (INCOME BETWEEN 100% AND 200% OF POVERTY GUIDELINES) THE CURRENT AVERAGE DISCOUNT WITH COMMERCIAL INSURANCE COMPANIES IS 63% SO VIRTUALLY ALL PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE WITH INCOME UP TO 300% OF THE POVERTY GUIDELINES ARE RECEIVING DISCOUNTS EQUAL TO OR GREATER THAN THE AVERAGE COMMERCIAL INSURANCE DISCOUNT IN ADDITION, BBH BELIEVES THE TRIHEALTH FINANCIAL ASSISTANCE POLICY IS GENEROUS AS MANY HOSPITALS DO NOT OFFER ANY FINANCIAL ASSISTANCE TO PATIENTS WITH INCOME OVER 300% OF THE POVERTY GUIDELINE HOWEVER, IT PREFERS TO EXTEND DISCOUNTS TO SUCH INDIVIDUALS RATHER THAN DENY THEM ELIGIBILITY UNDER THE POLICY SO THAT SUCH INDIVIDUALS RECEIVE SOME FINANCIAL ASSISTANCE RATHER THAN NONE</p>

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
BETHESDA MEDICAL CENTER-ARROW SPRINGS 100 ARROW SPRINGS BLVD LEBANON, OH 45036	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA NORTH OBGYN CLINIC 10498 MONTGOMERY ROAD CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA OAK CAMPUS 619 OAK STREET CINCINNATI, OH 45206	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BNH AMBULATORY TREATMENT CENTER 10506 MONTGOMERY ROAD CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
TRIHEALTH SLEEP MEDICINE 10475 MONTGOMERY ROAD CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
NORTH AMBULATORY SURGERY CENTER 10506 MONTGOMERY ROAD CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA NORTH OUTPATIENT IMAGING CTR 10494 MONTGOMERY ROAD CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
TRIHEALTH NURSE MIDWIVES 3440 BURNET AVENUE 120 CINCINNATI, OH 45229	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA SURGERY CENTER 10615 MONTGOMERY ROAD 300 CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA HAND REHABILITATION 10700 MONTGOMERY ROAD CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA LOVELAND PHYSICAL THERAPY 10675 LOVELAND-MADERIA ROAD LOVELAND, OH 45140	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA FAMILY PRACTICE CENTER 1775 LEXINGTON AVE CINCINNATI, OH 45212	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA ALCOHOLDRUG TREATMENT 11305 REED HARTMAN HWY CINCINNATI, OH 45242	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA BUTLER PHYSICAL THERAPY 3035 HAMILTON-MASON ROAD HAMILTON, OH 45011	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA BUTLER IMAGING CENTER 3075 HAMILTON-MASON ROAD HAMILTON, OH 45011	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
TRIHEALTH SLEEP MEDICINE 3055 HAMILTON-MASON ROAD HAMILTON, OH 45011	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES
BETHESDA MASON PHYSICAL THERAPY 6020 MASON MONTGOMERY RD MASON, OH 45040	24-HOUR EMERGENCY ROOM AND COMPREHENSIVE OUTPATIENT SERVICES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BETHESDA HOSPITAL INC

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated 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
(1) UPTOWN CONSORTIUM INC 629 OAK STREET SUITE 306 CINCINNATI, OH 45206	20-0688727	501(C)(3)	142,100				GENERAL PURPOSES
(2) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	62,720				SPONSORSHIP
(3) CENTER FOR RESPITE CARE INC PO BOX 141301 CINCINNATI, OH 45229	20-2544994	501(C)(3)	24,990				GENERAL PURPOSES
(4) GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC 619 OAK STREET CINCINNATI, OH 45206	31-1206047	501(C)(3)	5,880				SPONSORSHIP
(5) BETHESDA FOUNDATION INC 619 OAK STREET CINCINNATI, OH 45206	23-7374129	501(C)(3)	58,310				SPONSORSHIP SPONSORSHIP
(6) THE HEALTH COLLABORATIVE 2649 ERIE AVENUE 2ND FLOOR CINCINNATI, OH 45208	31-1449807	501(C)(3)	53,900				GENERAL PURPOSES
(7) THE CHILDREN'S THEATER 5020 OAKLAWN DRSUITE 2000 CINCINNATI, OH 45227	31-6026285	501(C)(3)	9,800				SPONSORSHIP
(8) MARVIN LEWIS COMMUNITY FUND 700 WEST PETE ROSE WAY NO 37 CINCINNATI, OH 45203	20-2704690	501(C)(3)	12,250				SPONSORSHIP

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

3

Enter total number of other organizations listed in the line 1 table

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	BETHESDA HOSPITAL, INC ("HOSPITAL") PROVIDES GRANTS TO OTHER ORGANIZATIONS DIRECTLY ON A VERY LIMITED BASIS IN THOSE INSTANCES, THE DEPARTMENT GRANTING THE FUNDS IS RESPONSIBLE FOR OBTAINING AND STORING ALL NECESSARY INFORMATION FROM THE OTHER ORGANIZATION RELATIVE TO HOW THE FUNDS WILL BE SPENT. GENERALLY, GRANTS ARE PROVIDED, ON BEHALF OF HOSPITAL THROUGH TRIHEALTH, INC ("TRIHEALTH"), A SUPPORTING ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL. AS SUCH, TRIHEALTH IS RESPONSIBLE FOR MONITORING THE USE OF HOW THE FUNDS WILL BE SPENT.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 INC 629 OAK STREET SUITE 306 CINCINNATI,OH 45206	20-0688727	501(C)(3)	142,100				GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	62,720				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR RESPITE CARE INC PO BOX 141301 CINCINNATI,OH 45229	20-2544994	501(C)(3)	24,990				GENERAL PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC 619 OAK STREET CINCINNATI,OH 45206	31-1206047	501(C)(3)	5,880				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BETHESDA FOUNDATION INC 619 OAK STREET CINCINNATI, OH 45206	23-7374129	501(C)(3)	58,310				SPONSORSHIP SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE HEALTH COLLABORATIVE 2649 ERIE AVENUE 2ND FLOOR CINCINNATI,OH 45208	31-1449807	501(C)(3)	53,900				GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CHILDREN'S THEATER 5020 OAKLAWN DR SUITE 2000 CINCINNATI, OH 45227	31-6026285	501(C)(3)	9,800				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MARVIN LEWIS COMMUNITY FUND 700 WEST PETE ROSE WAY NO 37 CINCINNATI,OH 45203	20-2704690	501(C)(3)	12,250				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETHESDA HOSPITAL INC

Employer identification number
31-0537122

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>	4a	No
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4b	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4c	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>	5a	No
<div><div>a</div><div>The organization?</div></div>	5b	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div><div>6</div><div>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</div></div>	6a	No
<div><div>a</div><div>The organization?</div></div>	6b	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	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 - \$261,496; DONNA NIENABER, ESQ. - \$72,455; MICHAEL CROFTON - \$18,591; CRAIG RUCKER - \$84,556; SHER MCCLANAHAN - \$44,286; WILLIAM GRONEMAN - \$89,099; GERALD OLIPHANT - \$99,709; GEORGES FEGHALI, MD - \$92,355; JOHN ROBINSON, MD - \$45,737. 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.: JOHN PROUT - \$119,269; WILLIAM GRONEMAN - \$20,369.
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.
PART I, LINE 4A	THE REPORTABLE INDIVIDUALS OF BETHESDA HOSPITAL, INC. ARE PAID BY TRIHEALTH, INC., A RELATED ORGANIZATION, RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). THESE INDIVIDUALS DO NOT HAVE EMPLOYMENT AGREEMENTS, SO NO SPECIAL ARRANGEMENTS EXIST BEYOND TRIHEALTH, INC.'S STANDARD EMPLOYEE SEVERANCE PACKAGE. GENERAL SEVERANCE PAY IS BASED ON LENGTH OF SERVICE. IN ADDITION, NOTICE PAY, IF APPLICABLE UNDER TRIHEALTH, INC. POLICY, MAY BE ADDED TO THE SEVERANCE PACKAGE AND THE AMOUNT OF NOTICE PAY WILL BE DETERMINED BY HUMAN RESOURCES IN ACCORDANCE WITH TRIHEALTH, INC. POLICY. PAYMENTS OF SEVERANCE ARE CONDITIONED UPON SIGNING A SEPARATION AND RELEASE AGREEMENT. NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM TRIHEALTH, INC. DURING THE 2013 CALENDAR YEAR.

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN PROUT PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	933,901	370,000	151,252	319,627	9,025	1,783,805	119,269
STEPHEN BLATT MD MED STAFF PRES- GOOD SAM (END 12/13)	(i)	0	0	0	0	0	0	0
	(ii)	371,110	22,109	46,337	41,395	17,678	498,629	0
STUART DONOVAN MD MED STAFF PRES- BETHESDA (END 12/13)	(i)	0	0	45,000	0	0	45,000	0
	(ii)	457,880	93,000	2,338	10,783	472	564,473	0
ALAN ALTMAN MD MED STAFF PRES- BETHESDA (START 1/14)	(i)	0	0	18,500	0	0	18,500	0
	(ii)	241,019	25,000	72	67,361	24,267	357,719	0
DONNA NIENABER ESQ SVP CORP COUNSEL/ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	335,667	142,672	25,307	142,672	16,913	663,231	0
CRAIG RUCKER SVP CFO/ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	438,712	128,945	23,038	127,978	10,828	729,501	0
WILLIAM GRONEMAN EXEC VP SYSTEM DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	398,252	117,323	72,375	157,712	26,746	772,408	20,369
GERALD OLIPHANT EXEC VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	490,075	148,339	19,091	127,101	25,009	809,615	0
GEORGES FEGHALI MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	395,530	159,828	25,473	152,458	22,160	755,449	0
JOHN ROBINSON MD SVP-HOSPITAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	296,746	75,179	14,124	71,624	23,362	481,035	0
BARB BOYNE EXEC DIRECTOR- BETHESDA NORTH	(i)	0	0	0	0	0	0	0
	(ii)	172,258	37,243	836	56,708	20,059	287,104	0
RAYMOND HELLMANN MD PHYSICIAN	(i)	236,638	0	3,406	46,831	14,450	301,325	0
	(ii)	0	0	0	0	0	0	0
MATTHEW BISCOTTI MD PHYSICIAN	(i)	196,772	26,416	362	12,907	7,340	243,797	0
	(ii)	0	0	0	0	0	0	0
SAKUNTHALA NATARAJAN MD PHYSICIAN	(i)	213,620	0	4,871	94,052	1,148	313,691	0
	(ii)	0	0	0	0	0	0	0
ROBERT KUNKEL MD PHYSICIAN	(i)	206,375	0	1,491	27,826	20,793	256,485	0
	(ii)	0	0	0	0	0	0	0
LORRAINE STEPHENS MD PHYSICIAN	(i)	195,027	0	6,554	34,582	23,267	259,430	0
	(ii)	0	0	0	0	0	0	0
MICHAEL CROFTON FORMER	(i)	0	0	0	0	0	0	0
	(ii)	223,774	48,955	23,713	50,992	24,402	371,836	0
SHER MCCLANAHAN FORMER	(i)	0	0	0	0	0	0	0
	(ii)	283,567	73,377	14,669	101,340	10,520	483,473	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
BETHESDA HOSPITAL INC**Employer identification number**

31-0537122

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE OFFICERS, DIRECTORS AND TRUSTEES OF BETHESDA HOSPITAL, INC LISTED IN PART VII, SECTION A HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARDS OF TRIHEALTH, INC , TRIHEALTH HOSPITAL, INC AND THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, ALL AFFILIATED ENTITIES OF BETHESDA HOSPITAL, INC WAYNE SHIRCLIFF, STUART DONOVAN, MD, CRAIG EISENTROUT, MD, ROBERT L WALKER, MICHAEL HAVERKAMP, AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF BETHESDA, INC , THE SINGLE CORPORATE MEMBER OF BETHESDA HOSPITAL, INC JOHN PROUT AND CRAIG EISENTROUT, MD HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF BETHESDA FOUNDATION, INC , A RELATED ENTITY OF BETHESDA HOSPITAL, INC JOHN PROUT AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF THE GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE, AN AFFILIATED ENTITY OF BETHESDA HOSPITAL, INC JOHN PROUT, DONNA NIENABER, ESQ , CRAIG RUCKER, WILLIAM GRONEMAN, GERALD OLIPHANT, STUART DONOVAN, MD, STEPHEN BLATT, MD, GEORGES FEGHALI, MD, JOHN ROBINSON, MD, BARB BOYNE AND DAVE DORNHEGGEN HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON RELATED ENTITY BOARDS OF TRIHEALTH, INC AND ITS SUBSIDIARIES AND AFFILIATES AS WELL AS BEING EMPLOYED BY TRIHEALTH, INC SR SALLY DUFFY AND MICHAEL MCGRAW HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER VIA AN UNRELATED TAX-EXEMPT ORGANIZATION

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)

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

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

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.

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.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BETHESDA HOSPITAL, INC 'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTED CAPITAL TO PARENT -10,000,000 LOSS ON UNCONSOLIDATED ORGANIZATIONS -32,203,970 RETURN OF CAPITAL 3,132,277 CHANGE IN PENSION PLAN/SERP FUNDED STATUS 8,543,049 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS HELD AT FOUNDATION 1,700,236 MISCELLANEOUS -8,764

Return Reference	Explanation
FORM 990, PART I, LINE 6	DURING THE TAX YEAR, BETHESDA HOSPITAL, INC WAS ASSISTED BY 1,050 VOLUNTEERS WHO DONATED APPROXIMATELY 117,600 HOURS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	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

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCIAL STATEMENTS OF BETHESDA HOSPITAL, INC ("HOSPITAL") ARE AUDITED AS PART OF TRIHEALTH, INC AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH") TRIHEALTH HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF BOTH ITS AND ITS SUBSIDIARIES AND AFFILIATES FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF THE INDEPENDENT AUDITOR 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 TRIHEALTH OR BETHESDA, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	<p>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 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 ACTIVITITES TO ENSURE THE ORGANIZATION'S EXEMPT STATUS IS PROTECTED</p>

Return Reference	Explanation
FORM 990, PART VII, SECTION A - AVERAGE HOURS PER WEEK	<p>THE OFFICERS AND DIRECTORS FOR BETHESDA HOSPITAL, INC THAT SHOW AT LEAST 60 HOURS PER WEEK PROVIDE SERVICES TO TRIHEALTH, INC (A RELATED ORGANIZATION WHO PAID THE INDIVIDUALS) AND ITS SUBSIDIARIES/AFFILIATES ("TRIHEALTH") AS AN ENTIRE SYSTEM. HOURS WORKED, INCLUDING THEIR DUTIES AS OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION, ARE NOT TRACKED ON AN ENTITY BY ENTITY BASIS, THUS THE AVERAGE HOURS PER WEEK DISCLOSED ARE ESTIMATES TO SHOW THAT THE TIME SPENT BY THESE INDIVIDUALS RELATE TO THEM FULFILLING THEIR DUTIES AS FULL-TIME, 60 HOURS-PER-WEEK EMPLOYEES OF TRIHEALTH VERSUS THEIR DUTIES AS OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION. IN ADDITION, THE COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS IN FULFILLMENT OF THEIR DUTIES AS EMPLOYEES OF TRIHEALTH. DIRECTORS (AS NOTED WITH A "MED STAFF PRES" REFERENCE) FOR BETHESDA HOSPITAL, INC SERVE ON THE BOARD IN THEIR CAPACITY AS MEDICAL STAFF PRESIDENT FOR EITHER BETHESDA HOSPITAL, INC OR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO. IN ADDITION, THESE INDIVIDUALS PROVIDE SERVICES AS EMPLOYEES OF VARIOUS RELATED ENTITIES FOR WHICH THEY RECEIVE COMPENSATION. NONE OF THE COMPENSATION SHOWN IS FOR SERVING AS A DIRECTOR.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

Cat No 50135Y

Schedule R (Form 990) 2013

Part IIIPart 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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 10600 MONTGOMERY LLC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 26-1964995	PROPERTY MANAGEMENT	OH	N/A									

Part IVPart III

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TJ CUBEDMONTGOMERY INC 619 OAK STREET- ACCOUNTING 3 WEST CINCINNATI, OH 45206 26-1964885	HOLDING COMPANY	OH	N/A	S				Yes	
(2) TRIHEALTH PHYSICIANS OF INDIANA INC 619 OAK STREET- ACCOUNTING 3 WEST CINCINNATI, OH 45206 46-1125130	PHYSICIAN PRACTICES	OH	N/A	C				Yes	
(3) TRIHEALTH PHYSICIAN SOLUTIONS INC 619 OAK STREET- ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1444353	CLAIMS ADMINISTRATION	OH	N/A	C				Yes	
(4) TRIHEALTH CIPHO INC 619 OAK STREET- ACCOUNTING 3 WEST CINCINNATI, OH 45206 46-3294306	PHYSICIAN HEALTH ORGANIZATION	OH	N/A	C				Yes	

Part V

Transactions With Related Organizations

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

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) BETHESDA INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1108895	INVESTMENT MANAGEMENT	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 11C	N/A		No
(1) BETHESDA FOUNDATION INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 23-7374129	FUNDRAISING	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 7	BETHESDA INC	Yes	
(2) BETHESDA HEALTHCARE INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1027660	HEALTHCARE SERVICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 11B	BETHESDA INC	Yes	
(3) BETHESDA FAMILY PRACTICE CENTER 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1242442	HEALTHCARE SERVICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 11C	BETHESDA HOSPITAL INC	Yes	
(4) BETHESDA PROPERTIES INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1352694	PROPERTY MANAGEMENT	OH	SECTION 501 (C)(2)		BETHESDA HOSPITAL INC	Yes	
(5) HOSPICE OF CINCINNATI INCORPORATED 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-0917155	HOSPICE SERVICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 9	BETHESDA HOSPITAL INC	Yes	
(6) FERNSIDE INC A CENTER FOR GRIEVING CHILDREN 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1179234	COUNSELING TO GRIEVING CHILDREN	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 7	HOSPICE OF CINCINNATI INCORPORATED	Yes	
(7) TRIHEALTH INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1438846	SUPPORT AFFILIATED HOSPITALS	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 11B	N/A	Yes	
(8) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-0537486	INPATIENT AND OUTPATIENT SERVICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 3	TRIHEALTH INC	Yes	
(9) GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 2	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	Yes	
(10) COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 23-7419853	DIALYSIS	OH	SECTION 501 (C)(2)		THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	Yes	
(11) GOOD SAMARITAN HOSPITAL FREE CLINIC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 27-3893817	HEALTHCARE SERVICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 7	TRIHEALTH INC	Yes	
(12) TRIHEALTH HOSPITALINC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 46-1393755	INPATIENT AND OUTPATIENT SERVICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 3	TRIHEALTH INC	Yes	
(13) TRIHEALTH PHYSICIAN ENTERPRISE CORP 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1383365	PHYSICIAN PRACTICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 9	TRIHEALTH INC	Yes	
(14) TRIHEALTH PHYSICIAN INSTITUTE 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1074519	PHYSICIAN PRACTICES	OH	SECTION 501 (C)(3)	SCHEDULE A, LINE 9	TRIHEALTH INC	Yes	

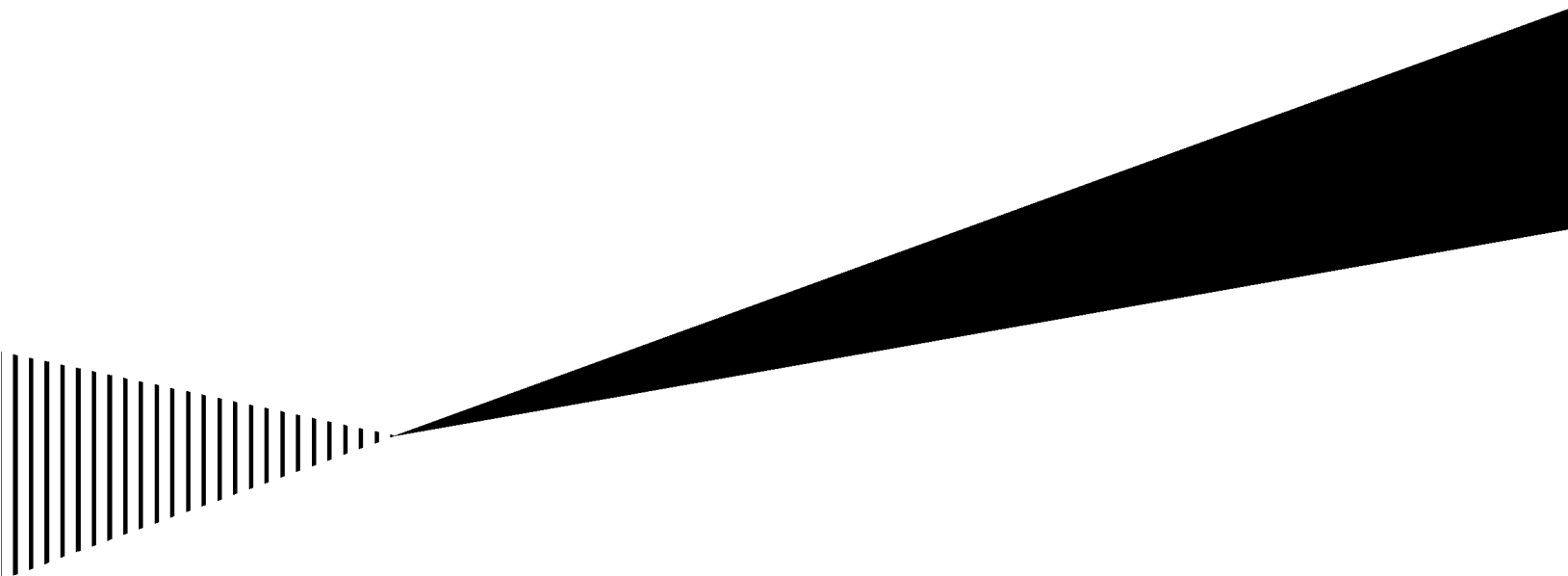
Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRIHEALTH INC	A	60,000	FMV
TRIHEALTH PHYSICIAN ENTERPRISE CORP	A	379,721	FMV
TRIHEALTH PHYSICIAN INSTITUTE	A	238,769	FMV
BETHESDA HEALTHCARE INC	A	32,454	FMV
TRIHEALTH INC	B	118,397,639	CASH
BETHESDA INC	B	10,000,000	CASH
BETHESDA INC	C	944,440	CASH
BETHESDA FOUNDATION INC	C	1,632,682	CASH
GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	K	11,440	FMV
BETHESDA PROPERTIES INC	K	1,727,090	FMV
BETHESDA HEALTHCARE INC	K	415,855	FMV
TRIHEALTH PHYSICIAN ENTERPRISE CORP	K	8,400	FMV
TRIHEALTH INC	K	5,808	FMV
TRIHEALTH HOSPITAL INC	L	211,840	FMV
TRIHEALTH PHYSICIAN SOLUTIONS INC	M	209,326	FMV
TRIHEALTH INC	P	83,517,141	COST
TRIHEALTH INC	P	183,331,311	COST
HOSPICE OF CINCINNATI INCORPORATED	O	33,539,089	FMV
BETHESDA INC	O	1,741,769	FMV
FERNSIDE INC A CENTER FOR GRIEVING CHILDREN	O	381,213	FMV
BETHESDA FOUNDATION INC	O	1,023,568	FMV
BETHESDA PROPERTIES INC	O	439,364	FMV
BETHESDA HOSPITAL INC	S	2,117,935	CASH
BETHESDA PROPERTIES INC	S	5,196,379	CASH

COMBINED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

TriHealth
Years Ended June 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



**Building a better
working world**

TriHealth

Combined Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

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Report of Independent Auditors

The Board of Trustees
TriHealth

We have audited the accompanying combined financial statements of TriHealth, which comprise the combined balance sheets as of June 30, 2014 and 2013, the related combined statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to combined financial statements

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the combined financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the combined financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of TriHealth at June 30, 2014 and 2013, and the combined results of their operations and changes in net assets, and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Ernst + Young LLP

September 25, 2014

TriHealth

Combined Balance Sheets (Dollar Amounts in Thousands)

	June 30	
	2014	2013
Assets		
Current assets		
Cash and cash equivalents	\$ 33,461	\$ 8,882
Net patient accounts receivable, less allowance of \$51,594 in 2014 and \$59,538 in 2013	139,071	113,352
Other accounts receivable	7,716	11,309
Current portion of assets limited as to use	58,320	31,489
Inventories	7,376	6,920
Prepaid and other current assets	2,854	2,212
Due from related organizations, net	131	748
Total current assets	248,929	174,912
Assets limited as to use and investments		
Assets limited as to use		
Internally designated for capital and other funds	650,898	627,393
Restricted by donors	8,776	8,666
Trustee-held funds under professional liability funding arrangement	22,416	22,856
Investments	17,160	28,665
Total assets limited as to use and investments	699,250	687,580
Property and equipment, net	595,913	607,569
Investments in unconsolidated organizations	18,430	13,162
Goodwill and identifiable intangible assets, net	156,028	136,102
Due from related organizations, net	32,510	29,359
Other long-term assets	48,980	52,724
Total assets	<u>\$ 1,800,040</u>	<u>\$ 1,701,408</u>

	June 30	
	2014	2013
Liabilities and net assets		
Current liabilities		
Compensation and benefits	\$ 105,868	\$ 95,442
Third-party liabilities	13,640	13,151
Accounts payable and accrued expenses	53,120	49,866
Current portion of long-term debt	25,777	24,456
Total current liabilities	198,405	182,915
Accrued professional liability	43,847	46,149
Pension obligation, net	27,576	69,868
Long-term compensation and benefits and other long-term liabilities	58,715	62,270
Capital lease obligations	61,273	64,140
Long-term debt	263,929	289,767
Total liabilities	653,745	715,109
Net assets		
Unrestricted	1,105,906	954,291
Temporarily restricted	40,389	32,008
Total net assets	1,146,295	986,299
 Total liabilities and net assets	 <u>\$ 1,800,040</u>	 <u>\$ 1,701,408</u>

See accompanying notes.

TriHealth

Combined Statements of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

	Year Ended June 30	
	2014	2013
Revenue		
Patient service revenue (net of contractual provisions and discounts)	\$ 1,430,854	\$ 1,333,802
Provision for bad debt	(73,023)	(80,458)
Net patient service revenue less provision for bad debt	<u>1,357,831</u>	<u>1,253,344</u>
Nonpatient revenue		
Income from unconsolidated organizations	6,735	4,557
Other revenue, net	98,755	101,306
Total revenue	<u>1,463,321</u>	<u>1,359,207</u>
Expenses		
Salaries and wages	695,280	623,547
Employee benefits	153,314	139,873
Medical professional fees	9,522	9,068
Purchased services	83,620	79,037
Supplies	252,498	249,082
Utilities	19,288	18,242
Insurance	9,131	8,994
Rental, leases, and maintenance	46,531	46,172
Depreciation and amortization	75,332	66,041
Interest	17,710	17,522
Services provided by affiliates	6,203	5,716
Other, net	47,642	50,788
Total operating expenses	<u>1,416,071</u>	<u>1,314,082</u>
Income from operations	47,250	45,125
Nonoperating income		
Investment income	91,609	70,299
Total nonoperating income	<u>91,609</u>	<u>70,299</u>
Excess of revenue over expenses	<u>138,859</u>	<u>115,424</u>

TriHealth

Combined Statements of Operations and Changes in Net Assets (continued) (Dollar Amounts in Thousands)

	Year Ended June 30	
	2014	2013
Excess of revenue over expenses	\$ 138,859	\$ 115,424
Other changes in net assets		
Change in plan assets and benefit obligation of pension plans	26,646	41,874
Transfer to Bethesda Inc	(10,000)	(10,000)
Transfer to CHI capital resource pool	(3,030)	(8,188)
Temporarily restricted contributions and investment income	8,531	2,153
Other changes in net assets, net	(1,010)	1,820
Increase in net assets	159,996	143,083
Net assets at beginning of year	986,299	843,216
Net assets at end of year	<u>\$ 1,146,295</u>	<u>\$ 986,299</u>

See accompanying notes.

TriHealth

Combined Statements of Cash Flows (Dollar Amounts in Thousands)

	Year Ended June 30	
	2014	2013
Operating activities		
Increase in net assets	\$ 159,996	\$ 143,083
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Provision for bad debt	73,023	80,458
Depreciation and amortization	75,332	66,041
Income from unconsolidated organizations	(6,735)	(4,557)
Change in plan assets and benefit obligation of pension plans	(26,646)	(41,874)
Transfer to CHI capital resource pool	3,030	8,188
Transfer to Bethesda, Inc	10,000	10,000
Temporarily restricted contributions and investment income	(8,531)	(2,153)
Net changes in other assets and liabilities		
Net patient and other accounts receivable	(95,149)	(108,408)
Other current assets	(1,098)	770
Current liabilities	12,548	(5,883)
Change in due to/from related organizations	(2,534)	(1,036)
Other changes, net	(24,068)	(18,511)
Net cash provided by operating activities, before net change in assets limited as to use and investments	169,168	126,118
Net change in assets limited as to use and investments	(38,501)	74,772
Net cash provided by operating activities	130,667	200,890
Investing activities		
Additions to property and equipment	(59,175)	(63,714)
Change in investments in unconsolidated organizations	1,467	4,358
Decrease in restricted cash	—	1,901
Acquisitions	(16,651)	(104,000)
Net cash used in investing activities	(74,359)	(161,455)
Financing activities		
Repayment of long-term debt	(24,517)	(23,394)
Payment of capital lease obligation	(2,713)	(1,784)
Temporarily restricted contributions and investment income	8,531	2,153
Transfer to Bethesda, Inc	(10,000)	(10,000)
Transfer to CHI capital resource pool	(3,030)	(8,188)
Proceeds from draws on line of credit	41,600	238,120
Repayments on line of credit	(41,600)	(238,120)
Net cash used in financing activities	(31,729)	(41,213)
Increase (decrease) in cash and cash equivalents	24,579	(1,778)
Cash and cash equivalents at beginning of year	8,882	10,660
Cash and cash equivalents at end of year	\$ 33,461	\$ 8,882

See accompanying notes

TriHealth

Notes to Combined Financial Statements (Dollar Amounts in Thousands)

June 30, 2014

A. Description of Organization

Organization

TriHealth exists under a Joint Operating Agreement (the Agreement) between Bethesda Hospital, Inc and Subsidiaries (Bethesda), and The Good Samaritan Hospital of Cincinnati, Ohio (Good Samaritan). The Agreement provides for, among other things, the creation of TriHealth to operate and jointly manage Bethesda, Good Samaritan, and TriHealth, Inc (the Affiliates). Good Samaritan and Bethesda each own 50% of TriHealth, Inc. The Good Samaritan Hospital Foundation and Bethesda Center Reproduction Health and Fertility, legally consolidated subsidiaries of Good Samaritan and Bethesda, respectively, are excluded from the combined TriHealth financial statements in accordance with the Agreement. Bethesda Healthcare Inc., a subsidiary of Bethesda Inc., parent company to Bethesda, is included in the combined TriHealth financial statements in accordance with the Agreement.

The combined financial statements include the results of the Affiliates and their respective subsidiaries, except as defined in the Agreement. Within these notes, TriHealth will refer to all of the Affiliates, respectively, and altogether, unless the context indicates otherwise. Discussions or areas of these notes that specifically pertain to only Bethesda, Good Samaritan, or TriHealth, Inc will be noted in the applicable note.

TriHealth

Bethesda

Bethesda is an Ohio nonprofit corporation, a subsidiary of Bethesda, Inc., an Ohio nonprofit corporation recognized by the Internal Revenue Service (IRS) as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (IRC) as a charitable organization described in Section 501(c)(3) of the IRC. The mission of Bethesda is to provide health care and related services through its inpatient, outpatient, and community-based facilities and programs. Bethesda has a long-term commitment to medical education through its support of the physician residency program and health care training programs for technicians, as well as patient education in disease management and awareness.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

A. Description of Organization (continued)

The consolidated financial statements of Bethesda include the accounts of Bethesda Hospital, Inc., Senior Services, a division of Bethesda Hospital, Inc., and Hospice of Cincinnati Inc. and Subsidiary, and Bethesda Properties, Inc., subsidiaries of Bethesda Hospital, Inc.

Good Samaritan

Good Samaritan is an Ohio nonprofit corporation. Good Samaritan is a direct affiliate of Catholic Health Initiatives (CHI), a Colorado nonprofit corporation recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as a charitable organization described in Section 501(c)(3) of the IRC. The mission of CHI is to nurture the healing ministry of the Catholic Church, bringing it new life, energy, and viability in the 21st century. CHI is committed to fidelity to the Gospel, with emphasis on human dignity and social justice in the creation of healthier communities. CHI is sponsored by a lay-religious partnership, calling on other Catholic sponsors and systems to unite to ensure the future of Catholic health care.

The mission of Good Samaritan is to provide health care and related services through its inpatient, outpatient, and community-based facilities and programs. Good Samaritan has a long-term commitment to medical education through its support of the physician residency program, health care training programs for technicians, and The Good Samaritan Hospital College of Nursing, as well as patient education in disease management and awareness.

CHI, established in 1996, is a tax-exempt Colorado corporation, and has been granted an exemption from federal income tax under Section 501(c)(3) of the IRC. CHI sponsors market-based organizations and other facilities operating in 18 states, and includes 92 hospitals, including 4 academic medical centers, and 24 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. CHI also has an offshore captive insurance company, First Initiatives Insurance, Ltd. (FIIL).

The consolidated financial statements of Good Samaritan include the accounts of The Good Samaritan Hospital of Cincinnati, Ohio, The Good Samaritan Hospital College of Nursing, The Good Samaritan Hospital Medical Office Building (a department of Good Samaritan), Community Limited Care Dialysis Center, The Good Samaritan Hospital Foundation, and The Good Samaritan Hospital Special Funds.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

A. Description of Organization (continued)

TriHealth, Inc.

TriHealth, Inc owns several physician corporations, TriHealth Hospital, Inc , and other health care-related entities TriHealth, Inc is comprised of primarily Ohio-based nonprofit corporations recognized by the IRS as exempt from federal income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC TriHealth Hospital, Inc has not yet been recognized as a Section 501(c)(3) organization by the IRS

The consolidated financial statements of TriHealth, Inc include the accounts of TriHealth Physician Enterprise Corp, TriHealth Physician Institute (collectively, TriHealth Physician Partners), TriHealth Hospital, Inc , and TriHealth Physician Solutions

B. Summary of Significant Accounting Policies

Principles of Combination

TriHealth prepares the combined financial statements and prepares consolidated financial statements at each of the Affiliates in accordance with U S generally accepted accounting principles (GAAP), and records them on the accrual basis of accounting All material intercompany accounts and transactions are eliminated between the Affiliates upon combination of the TriHealth combined financial statements

Acquisitions

During 2014, TriHealth acquired certain assets of an endoscopy center, and a surgery center, for \$16,651 of cash paid at the time of closing These acquisitions were accounted for using the purchase method of accounting The purchase price was allocated to the assets acquired based on their determined fair value There were no liabilities assumed with either transaction

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

The following summarizes the fair values of the assets acquired at the date of acquisition

Property and equipment, net	\$ 291
Identifiable intangible assets	900
Goodwill	17,660
Assets acquired	<u>18,851</u>
Preexisting interest	<u>(2,200)</u>
Cash paid	<u>\$ 16,651</u>

Identifiable intangible assets consist of noncompete agreements, to be amortized using the straight-line method over the estimated life of five years

On December 31, 2012, TriHealth, Inc acquired Evendale Medical Center, LLC (Evendale), an Ohio limited liability corporation, and placed its operations under the name TriHealth Hospital, Inc to further its geographic presence in the greater Cincinnati area The main campus consists of ten operating rooms, twenty-nine inpatient rooms, and a complete imaging and diagnostic facility Services range from inpatient surgery to orthopedics, gynecology, and outpatient imaging

TriHealth, Inc paid cash of \$104,000 at the time of closing This business combination was accounted for using the purchase method of accounting The purchase price was allocated to the assets acquired based on their determined fair value There were no liabilities assumed as of this transaction

The following summarizes the fair values of the assets acquired at the date of acquisition

Inventories	\$ 837
Property and equipment, net	5,184
Identifiable intangible assets	5,000
Goodwill	92,979
Cash paid	<u>\$ 104,000</u>

Identifiable intangible assets consist of noncompete agreements Amortization of the intangible assets is calculated using the straight-line method over the estimated life of eight years

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

The financial position of Evendale (subsequently recognized as TriHealth Hospital, Inc) is included in the combined TriHealth financial statements as of June 30, 2014 and 2013, and the results of its operations and its cash flows are included for the period from January 1, 2013 to June 30, 2013, and the year ended June 30, 2014. For the period from January 1, 2013 through June 30, 2013, the operations of Evendale contributed \$12,539 in operating revenue and \$(1,422) of excess of expenses over revenue to the TriHealth combined results of operations. For the year ended June 30, 2014, the operations of Evendale contributed \$37,751 in operating revenue and \$3,381 of excess of revenue over expenses to the TriHealth combined results of operations.

On an unaudited pro forma basis, had TriHealth owned Evendale at the beginning of fiscal year 2013 (July 1, 2012), Evendale would have contributed \$33,437 of operating revenue and \$6,415 of excess of revenue over expenses. However, unaudited pro forma information is not necessarily indicative of the historical results that would have been obtained had the transaction actually occurred on those dates, or of future results.

Fair Value Measurements

TriHealth follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, *Fair Value Measurements and Disclosures*, (ASC 820), which defines fair value as the price that would be reached to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. ASC 820 defines a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

ASC 820 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing an asset or liability. As a basis for considering market participant assumption in fair value measurements, and as noted above, ASC 820 defines a three-level fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity and the reporting entity's own assumptions about market participants. The fair value hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

The three levels are defined as follows

- Level 1 – inputs utilize quoted market prices in active markets for identical assets or liabilities that TriHealth has the ability to access
- Level 2 – inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves, that are observable at commonly quoted intervals
- Level 3 – inputs are unobservable inputs for the asset or liability, which is typically based on an entity's own assumptions, as there is little, if any, related market activity

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. TriHealth's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

In order to meet the requirements of ASC 820, TriHealth utilizes three basic valuation approaches to determine the fair value of its assets and liabilities required to be recorded at fair value. The first approach is the cost approach. The cost approach is generally the value a market participant would expect to replace the respective asset or liability. The second approach is the market approach. The market approach looks at what a market participant would consider an exact or similar asset or liability to that of TriHealth, including those traded on exchanges, to be valued at. The third approach is the income approach. The income approach uses estimation techniques to determine the estimated future cash flows of TriHealth's respective asset or liability expected by a market participant and discounts those cash flows back to present value (more typically referred to as a discounted cash flow approach).

Cash and Cash Equivalents

Cash and cash equivalents include all deposits with banks and investments in interest-bearing securities with maturity dates of 90 days or less from the date of purchase.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

Net Patient Accounts Receivable and Net Patient Service Revenue

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 debt 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 debt, and to establish appropriate allowances for uncollectible net patient accounts receivable. Significant provision is made for self-pay patient accounts receivable in the period of service based upon historical write-off experience.

After satisfaction of amounts due from insurance, TriHealth follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by TriHealth.

Overall, the total write-offs of uncollectible accounts and allowances on self-pay patient accounts receivable has not significantly changed since June 30, 2013. TriHealth has not experienced significant changes in write-off trends, and has not changed its charity care policy since June 30, 2013. The overall allowance percentage for uncollectible accounts went from 52% at June 30, 2013 to 37% June 30, 2014, as a result of changes in payor mix due to the Affordable Care Act.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

Financial instruments that potentially subject TriHealth to concentrations of credit risk consist primarily of nongovernmental patient accounts receivable. TriHealth 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:

	2014	2013
Medicare	18%	19%
Medicaid	4	3
Managed Mcre/Mcaid	26	22
Self-pay	20	23
Commercial and other	32	33
	100%	100%

TriHealth has agreements with third-party payors that provide for payments at amounts different from its established rates. The basis for payment under these agreements includes prospectively determined rates, cost reimbursement, negotiated discounts from established rates, and per diem payments. Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations. The differences between the estimated and actual adjustments are recorded as part of net patient service revenue in future periods, as the amounts become known, or as the years are no longer subject to such audits, reviews, and investigations. TriHealth recognizes a significant amount of patient service revenue at the time the services are rendered even though it does not assess the patient's ability to pay.

As a result, the provision for bad debt is presented as a deduction from patient service revenue, net of contractual provisions and discounts.

Inventories

Inventories, primarily consisting of pharmacy drugs and medical and surgical supplies, are stated at the lower of cost (first-in, first-out method) or market.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

Assets Limited as to Use and Investments

Investment income (including realized gains on investments, interest and dividends, and changes in net unrealized gains on investments designated as trading) is included in excess of revenue over expenses unless the income is restricted by donor or by law. Investment income is distributed to participants of the respective investment programs based on earnings per pool unit or relative percentage allocation.

The global financial markets and banking systems are subject to volatility, which could adversely impact TriHealth. Certain of TriHealth's assets and liabilities are exposed to various risks, such as interest rate, market, and credit risks.

Good Samaritan

Substantially all of Good Samaritan's assets limited as to use are held in the CHI Investment Program (the CHI Program). The CHI Program is structured under a Limited Partnership Agreement between CHI, as managing general partner, and each participant. All assets limited as to use in the CHI Program are professionally managed under the administration of CHI. Good Samaritan's investments in the CHI Program are represented by pool units rather than specific securities. Investments in the CHI Investment Program are accounted for similarly to the equity method of accounting.

The CHI Investment Committee of the Board of Stewardship Trustees (CHI Investment Committee) is responsible for determining asset allocations among cash and cash equivalents, marketable debt securities, marketable equity securities, and alternative investments. Alternative investments consist of hedge funds, private equity funds, and other securities organized as limited liability companies and partnerships. At least annually, the CHI Investment Committee reviews targeted allocations and, if necessary, makes adjustments to targeted asset allocations.

Bethesda

Substantially all of Bethesda's assets limited as to use are held in the Bethesda Master Trust (the Trust) which is professionally managed under the administration of Bethesda, Inc. (and the Bethesda Investment Committee). Bethesda's investments are represented by percentage allocation rather than specific securities. Investments in the Trust are accounted for similarly to the equity method of accounting.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

Assets limited as to use and investments held outside the CHI Program and the Trust include cash and cash equivalents, marketable equity securities, and marketable debt securities

TriHealth's assets limited as to use and investments include assets set aside for future long-term purposes, including capital improvements, amounts contributed by donors with stipulated restrictions, and trustee-held funds under professional liability funding arrangements

Property and Equipment

Property and equipment are stated at historical cost or, if donated or impaired, at fair market value at the date of receipt or determination. Depreciation is provided over the estimated useful life of each class of depreciable assets, which range from 2 to 40 years, and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment, and is included in depreciation and amortization expense. Interest cost, if any, incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets. Depreciation expense was \$72,007 and \$63,833 for the years ended June 30, 2014 and 2013, respectively, and is included in depreciation and amortization expense.

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts, and the resulting gain or loss is recorded in other revenue, net. Select property and equipment of \$1,467 and \$1,822, respectively, as of June 30, 2014 and 2013, purchased prior to year end, is excluded from the additions to property and equipment, net in the combined statements of cash flows, as cash payment was not made as of the end of the year.

Investments in Unconsolidated Organizations

TriHealth maintains an ownership percentage of 50% or less in various joint ventures and other companies that do not require consolidation. These investments are accounted for using the equity method of accounting.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

Goodwill and Intangible Assets, Net

Goodwill and intangible assets have been primarily generated from the acquisition of certain health care-related businesses, including physician practices. Amortization of intangible assets is calculated on a straight-line basis over the estimated life of the specific intangible asset and ranges from a period of three to eight years. Amortization expense was \$3,325 and \$2,208 for the years ended June 30, 2014 and 2013, respectively. Amortization expense is expected to be approximately \$3,000 for each of the next five fiscal years.

The following is a progression of goodwill through June 30, 2014

Balance as of June 30, 2012 (<i>Unaudited</i>)	\$ 28,381
Goodwill acquired	95,985
Balance as of June 30, 2013	124,366
Goodwill acquired	17,660
Balance as of June 30, 2014	<u><u>\$ 142,026</u></u>

The following is a summary of goodwill and intangible assets as of June 30

	Carrying Amount	Accumulated Amortization	Net
2014			
Identifiable intangible assets	\$ 21,311	\$ 7,309	\$ 14,002
Goodwill	147,609	5,583	142,026
Total	<u><u>\$ 168,920</u></u>	<u><u>\$ 12,892</u></u>	<u><u>\$ 156,028</u></u>
2013			
Identifiable intangible assets	\$ 15,718	\$ 3,982	\$ 11,736
Goodwill	129,949	5,583	124,366
Total	<u><u>\$ 145,667</u></u>	<u><u>\$ 9,565</u></u>	<u><u>\$ 136,102</u></u>

TriHealth annually performs an evaluation of goodwill for impairment considering qualitative and quantitative factors. There was no impairment loss recognized in 2014 or 2013.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

Net Assets

Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received. Conditional promises and indications of donors' intentions to give are reported at fair value at the date the conditions are met or the gifts are received. All unrestricted contributions are included in the excess of revenue over expenses as other revenue, net. Other gifts are reported as temporarily restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as donation revenue when restricted for operations or as unrestricted net assets when restricted for property and equipment. Temporarily restricted net assets are primarily restricted for strategic capital projects, and in support of TriHealth's mission.

Charity Care

As an integral part of its mission, TriHealth accepts and treats all patients without regard to the ability to pay. Services to patients are classified as charity care in accordance with established criteria. Charity care represents services rendered for which partial or no payment is expected and, as such, is not included in net patient service revenue in the combined statement of operations and changes in net assets. The estimated direct and indirect costs of charity care, quantified as the cost of free or discounted health services provided to persons who cannot afford to pay, was \$25,079 and \$37,900 for the years ended June 30, 2014 and 2013, respectively. Charity care costs are estimated based on multiplying the ratio of costs to gross charges for all payments not attributable to other community benefits programs by the revenue recognized and written off for health services provided to persons who cannot afford to pay. The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to TriHealth for services provided to qualified persons who cannot afford to pay. The amount of net HCAP reimbursements was \$5,019 and \$5,150 for the years ended June 30, 2014 and 2013.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

Other Revenue, Net

The American Recovery and Reinvestment Act of 2009 established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record technology. Payments under the program are calculated based upon estimated discharges, charity care, and other input data, and are predicated upon TriHealth's attainment of program and attestation criteria and are subject to regulatory audit. TriHealth has opted to follow a grant accounting method, which provides for ratable recognition over the respective attestation period. As a result, TriHealth estimated and recognized revenue of \$7,111 and \$18,677 for the years ended June 30, 2014 and 2013, respectively. This amount is included in other revenue, net in the accompanying combined statement of operations and changes in net assets. The amount recognized is subject to change, with such changes impacting operations in the period in which they occur.

Other revenue, net includes meaningful use revenue, cafeteria revenue, rental income, auxiliary and gift shop revenue, gains and losses on the sale or disposal of property and equipment, and revenue from other miscellaneous sources.

Excess of Revenue Over Expenses

The combined statements of operations and changes in net assets includes the line titled excess of revenue over expenses which represents the operating indicator for TriHealth. Consistent with industry practice, changes in net assets which are excluded from the excess of revenue over expenses include the change in plan assets and benefit obligation of its pension plans, transfers to parent organizations, temporarily restricted contributions and investment income, and other changes in net assets.

Federal Income Taxes

Bethesda, excluding Bethesda Properties, Inc., is comprised of entities that have been recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC. Bethesda Properties, Inc. is recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as a title-holding corporation described in Section 501(c)(2) of the IRC.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

Good Samaritan, excluding Community Limited Care Dialysis Center, is comprised of entities recognized by the IRS as exempt from federal income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC. Community Limited Care Dialysis Center is recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as a title-holding corporation described in Section 501(c)(2) of the IRC.

TriHealth, Inc., excluding TriHealth Physician Solutions, Inc. and certain entities of TriHealth Physician Institute, is comprised of entities that have been recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC. TriHealth Physician Solutions, Inc. and certain entities of TriHealth Physicians Institute are treated as corporations for federal income tax purposes, and thus are directly subject to income taxation. TriHealth Hospital, Inc. has not yet been recognized by the IRS as tax exempt pursuant to Section 501(c)(3). The provision for federal income taxes is not significant to TriHealth.

TriHealth completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2014 and 2013, and determined that no amounts were required to be recognized in the combined financial statements at June 30, 2014 and 2013.

Litigation

During the normal course of business, TriHealth may become involved in litigation. Management assesses the probable outcome of unresolved litigation and records estimated settlements. After consultation with legal counsel, management believes that any such matters will be resolved without material adverse impact to the combined financial position or results of operations of TriHealth.

Use of Estimates

The preparation of the combined financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported and disclosed amounts of assets, liabilities, revenue, and expenses. Actual results could vary from those estimates.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

B. Summary of Significant Accounting Policies (continued)

Healthcare Regulatory Environment

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, and government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Management believes TriHealth is in compliance with all applicable laws and regulations of the Medicare and Medicaid programs. Compliance with such laws and regulations is complex, and can be subject to future governmental interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Reclassifications

Certain reclassifications were made to the 2013 combined financial statement presentation to conform to the 2014 presentation.

C. Community Benefit (Unaudited)

In accordance with its mission and philosophy, TriHealth commits substantial resources to sponsor a broad range of services to both the poor, as well as the broader, community. Community benefit provided to the poor includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured. This type of community benefit includes the costs of traditional charity care, unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs, services such as free clinics and meal programs for which a patient is not billed or for which a nominal fee has been assessed, and cash and in-kind donations of equipment, supplies, or staff time volunteered on behalf of the community.

Community benefit provided to the broader community includes the costs of providing services to other populations who may not qualify as poor, but may need special services and support. This type of community benefit includes the costs of services such as health promotion and education, health clinics, and screenings, all of which are not billed or can be operated only on a deficit basis, unpaid portions of training health professionals such as medical residents, nursing students, and students in allied health professions, and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

C. Community Benefit (Unaudited) (continued)

A summary of the cost of community benefit provided for both the poor and the broader community for the years ended June 30 is as follows

	2014	2013
Cost of community benefit provided to the poor		
Cost of charity care provided	\$ 25,079	\$ 37,900
Unpaid cost of public programs, Medicaid, and other indigent care programs	37,180	24,721
Nonbilled services for the poor	1,154	1,181
Cash and in-kind donations for the poor	100	82
Other benefit provided to the poor	221	333
	63,734	64,217
Cost of community benefit provided to the broader community		
Nonbilled services for the community	476	1,068
Education and research provided for the community	27,552	26,028
Cash and in-kind donations for the poor	81	93
Other benefit provided to the community	7,041	7,705
	35,150	34,894
Total cost of community benefit	\$ 98,884	\$ 99,111

The above summary has been prepared in accordance with the policy document of the Catholic Health Association of the United States, *Community Benefit Program – A Revised Resource for Social Accountability*. Community benefit is measured on the basis of total cost, net of any offsetting revenue, donations, or other funds used to defray cost.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

D. Net Patient Service Revenue

Net patient service revenue is derived from services provided to patients who are directly responsible for payment, or are covered by various insurance or managed care programs. TriHealth receives payments from the federal government on behalf of patients covered by the Medicare program, from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies and managed care programs, and from the patients themselves. A summary of payment arrangements with major third-party payors follows:

Medicare – Inpatient acute care and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure. These rates vary according to patient classification systems based on clinical, diagnostic, and other factors.

Medicaid – Inpatient services rendered to Medicaid program beneficiaries are primarily paid under the traditional Medicaid plan, and are paid at prospectively determined rates per discharge. Certain outpatient services are reimbursed based on a cost reimbursement methodology, fee schedules, or discount from established charges.

Managed Care, Commercial, and Other – TriHealth has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to TriHealth under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized by a major payor source, is as follows, for the year ended June 30:

	2014		2013	
Medicare	\$ 243,245	17%	\$ 246,011	18%
Medicaid	42,926	3	23,562	2
Managed care	271,862	19	246,560	19
Self-pay	85,851	6	85,717	6
Commercial and other	786,970	55	731,952	55
	\$ 1,430,854	100%	\$ 1,333,802	100%

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

D. Net Patient Service Revenue (continued)

TriHealth classifies its net patient service revenue based on the primary payor at the time a patient presents for services. As a result, commercial and other include certain amounts that were ultimately directly billed to the patient after the primary insurance payment (self-pay after insurance).

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretations. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. TriHealth recognized an increase in net patient service revenue for the years ended June 30, 2014 and 2013, by \$7,578 and \$9,120, respectively, due to favorable changes in estimates related to prior years' cost report settlements and other third-party payor activity.

E. Cash and Cash Equivalents, Restricted Cash, Assets Limited as to Use, and Investments

The following is a summary of the carrying value of cash and cash equivalents, assets limited as to use, and investments as of June 30:

	2014	2013
CHI Program	\$ 367,373	\$ 341,866
Bethesda Master Trust	360,773	336,532
Other		
Cash and cash equivalents	37,988	11,421
Marketable equity securities		
Domestic	6,214	—
Foreign	1,324	—
Marketable debt securities		
U S government	9,022	1,580
U S government agency	2,972	28,006
Corporate	5,365	8,546
Total other	62,885	49,553
	<u>\$ 791,031</u>	<u>\$ 727,951</u>

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

E. Cash and Cash Equivalents, Restricted Cash, Assets Limited as to Use, and Investments (continued)

Substantially all of Good Samaritan's assets limited as to use are held in the CHI Program. The carrying value of the assets held by participants is an allocation of the underlying carrying value of the assets in the CHI Program, based on the asset allocation specific to each participant and its relative percentage allocation. The asset allocation specific to CHI Program at June 30 is as follows:

	2014	2013
Cash and cash equivalents	1%	1%
Marketable debt securities	32	32
Marketable equity securities	44	43
Alternative investments	23	24
	100%	100%

Good Samaritan's relative allocation, based on the carrying value of the underlying assets of the entire CHI Program, was approximately 5.8% and 6.3% at June 30, 2014 and 2013, respectively.

Substantially all of Bethesda's assets limited as to use are held in the Trust. The carrying value of the assets held by participants is an allocation of the underlying carrying value of the assets in the Trust, based on the asset allocation specific to each participant and its relative percentage allocation. The asset allocation specific to Bethesda at June 30 is as follows:

	2014	2013
Cash and cash equivalents	4%	2%
Marketable equity securities	14	30
Mutual funds	34	26
Alternative investments	48	42
	100%	100%

Bethesda's relative allocation, based on the carrying value of the underlying assets of the entire Trust, was approximately 61% and 63% at June 30, 2014 and 2013, respectively.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

E. Cash and Cash Equivalents, Restricted Cash, Assets Limited as to Use, and Investments (continued)

The carrying value of cash equivalents, marketable debt securities, marketable equity securities, and mutual funds included in the CHI Program and Trust, substantially all of which are traded on national exchanges and over-the-counter markets, is based on the last reported sales price on the last business day of the fiscal year

The carrying value of hedge funds, limited liability companies, private equity funds, real estate investment trusts, other limited partnerships, and commingled funds, collectively, alternative investments, are based on valuations provided by the administrators of the specific financial instruments. Alternative investments are accounted for similar to the equity method of accounting based on the net asset value (NAV) provided by the respective administrators of the individual alternative investments. The underlying investments in these financial instruments are unknown, and could include marketable debt and equity securities, commodities, foreign currencies, derivatives, and private equity instruments. The underlying investments themselves are subject to various risks, including market, credit, liquidity, and foreign exchange risk. TriHealth believes the value of these financial instruments in the combined balance sheets is a reasonable estimate of its ownership interest in the alternative investment NAV. Because these financial instruments are not readily marketable, the carrying value is subject to uncertainty and, therefore, may differ from the value that would have been used had a market for such financial instruments existed. Such differences could be material. TriHealth's risk related to alternative investments is limited to its carrying value, plus any amounts committed to private equity.

The following is a summary of the components of investment income for the years ended June 30

	2014	2013
Dividend and interest income (net of expenses)	\$ 9,857	\$ 10,501
Net realized gains on investments	50,694	40,558
Net change in unrealized gains on investments	31,058	19,240
	<u>\$ 91,609</u>	<u>\$ 70,299</u>

TriHealth

Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

F. Fair Value Measurements

The carrying amounts reported in the combined balance sheets for current assets (other than assets limited as to use, which are separately disclosed) and current liabilities are reasonable estimates of fair value due to the short-term nature of these financial instruments. These financial instruments are not required to be marked to fair value on a recurring basis, and therefore are not disclosed in the accompanying table. The CHI Program and the Trust are accounted for similarly to the equity method of accounting, and therefore are also not disclosed in the accompanying table. TriHealth believes the carrying amount of the CHI Program and Trust approximates fair value based on the nature of the underlying assets.

The following table represents the financial instruments measured at fair value on a recurring basis, outside of the CHI Program and the Trust, based on the fair value hierarchy as of June 30

	2014				2013			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Assets								
Cash and cash equivalents	\$ 33,461	\$ —	\$ —	\$ 33,461	\$ 8,882	\$ —	\$ —	\$ 8,882
Assets limited as to use and investments								
Cash equivalents	4,527	—	—	4,527	2,539	—	—	2,539
Marketable equity securities								
Domestic	6,214	—	—	6,214	—	—	—	—
Foreign	1,324	—	—	1,324	—	—	—	—
Marketable debt securities								
U.S. government	9,022	—	—	9,022	1,580	—	—	1,580
U.S. government agency	—	2,972	—	2,972	—	28,006	—	28,006
Corporate	—	5,365	—	5,365	—	8,546	—	8,546
Total assets limited as to use and investments	21,087	8,337	—	29,424	4,119	36,552	—	40,671
Total assets at fair value	\$ 54,548	\$ 8,337	\$ —	\$ 62,885	\$ 13,001	\$ 36,552	\$ —	\$ 49,553

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

F. Fair Value Measurements (continued)

The following table represents financial instruments at fair value and at other than fair value which reconcile to the combined balance sheets of TriHealth at June 30

	2014			2013		
	Financial Instruments at Fair Value	Financial Instruments at Other Than Fair Value	Total	Financial Instruments at Fair Value	Financial Instruments at Other Than Fair Value	Total
Assets						
Cash and cash equivalents	\$ 33,461	\$ —	\$ 33,461	\$ 8,882	\$ —	\$ 8,882
Assets limited as to use and investments	29,424	728,146	757,570	40,671	678,398	719,069
Total assets	<u>\$ 62,885</u>	<u>\$ 728,146</u>	<u>\$ 791,031</u>	<u>\$ 49,553</u>	<u>\$ 678,398</u>	<u>\$ 727,951</u>

TriHealth's cash and cash equivalents, assets limited as to use, and investments are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources, primarily matrix pricing, with reasonable levels of price transparency. Matrix pricing, primarily used for marketable debt securities, is based on quoting prices for securities with similar coupons, ratings, and maturities, rather than on specific bids and offers for the specific security. The types of financial instruments based on quoted market prices in active markets include most U S government, marketable equity securities, and cash equivalents (money market securities). Such instruments are generally classified within Level 1 of the fair value hierarchy. TriHealth does not adjust the quoted market price for such financial instruments.

The types of financial instruments valued based on quoted market prices in markets that are not active, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency include corporate and U S government agency marketable debt securities. Such financial instruments are generally classified within Level 2 for the fair market value hierarchy. Primarily all of TriHealth's marketable debt securities are actively traded, and the recorded fair value reflects current market conditions. However, due to the inherent volatility in the investment market, there is at least a possibility that recorded investment values may change by a material amount in the near term.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

F. Fair Value Measurements (continued)

Following is the summary of the inputs and valuation techniques as of June 30, 2014 and 2013, used for valuing Level 2 securities in the portfolio

Securities	Input	Valuation Technique
U S government agency	Broker/Dealer	Market
Corporate	Broker/Dealer	Market

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while TriHealth believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the combined balance sheet date.

TriHealth's nonfinancial assets and liabilities not permitted or required to be measured at fair value on a recurring basis typically relate to assets and liabilities acquired in a business combination. TriHealth is required to provide additional disclosures about fair value measurements as part of the combined financial statements for each major category of assets and liabilities measured at fair value on a nonrecurring basis. In general, nonrecurring fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities, which generally are not applicable to nonfinancial assets and liabilities. Fair values determined by Level 2 inputs utilize data points that are observable, such as definitive sales agreements, appraisals, or established market values of comparable assets. Fair values determined by Level 3 inputs are unobservable data points for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability, such as internal estimates of future cash flows.

On December 31, 2012, TriHealth, Inc. acquired Evendale (Note B) in a business combination, using the purchase method of accounting, which requires the acquired assets to be initially recorded at fair value (nonrecurring).

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

F. Fair Value Measurements (continued)

The following table presents the acquired assets of Evendale as of December 31, 2012, and indicates the fair value hierarchy of the valuation techniques TriHealth utilized to determine such estimated fair values

	Level 1	Level 2	Level 3	Total
Inventories	\$ —	\$ 837	\$ —	\$ 837
Property and equipment, net	—	5,184	—	5,184
Identifiable intangible assets	—	—	5,000	5,000
Goodwill	—	—	92,979	92,979
Total assets	\$ —	\$ 6,021	\$ 97,979	\$ 104,000

Following is the summary of the inputs and valuation techniques used for valuing Level 2 and Level 3 nonfinancial assets and liabilities

Nonfinancial Assets and Liabilities	Input	Valuation Technique
Inventories	Estimate of replacement cost	Cost
Property and equipment, net	Estimate of replacement cost	Cost
Identifiable intangible assets	Discounted cash flows	Income
Goodwill	Discounted cash flows	Income

Management utilizes third-party valuation firms to assist in the determination of purchase accounting fair values, including those considered Level 3 measurements. Management ultimately oversees the third-party valuation firms to ensure the transaction-specific assumptions appropriate for TriHealth. For Level 3 securities, when observable prices are not available, the valuation might use one or more valuation techniques, such as the cost approach or the income approach, for which sufficient and reliable data is available. Within Level 3, the use of the cost approach generally consists of using historical purchase data or similar transaction cost data, while the income approach generally consists of the net present value of estimated future cash flows, adjusted as appropriate for liquidity, credit, market, and/or other risk factors. Significant increases (decreases) in any of those observable inputs in isolation would result in a significantly lower (higher) fair value measurement.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

G. Property and Equipment

The following is a summary of property and equipment as of June 30

	2014	2013
Land and improvements	\$ 34,070	\$ 34,018
Buildings and improvements	786,893	773,455
Equipment	589,186	533,544
	1,410,149	1,341,017
Less accumulated depreciation	834,217	765,234
	575,932	575,783
Construction in progress	19,981	31,786
	\$ 595,913	\$ 607,569

TriHealth had unamortized computer software costs of \$38,983 and \$42,075 recorded at June 30, 2014 and 2013, respectively. TriHealth recognized expense related to computer software costs of \$6,667 and \$6,456 for the years ended June 30, 2014 and 2013, respectively, which is included in depreciation and amortization in the consolidated statements of operations.

Accounting guidance for asset retirement obligations requires the recognition of a liability for the fair value of asset retirement obligations in instances where there is a legal liability and the amount can be reasonably estimated. Management has recorded asset retirement obligations of \$5,255 and \$5,302 at June 30, 2014 and 2013, respectively.

TriHealth entered into a transaction with a developer to construct a medical office building on land which is owned by TriHealth (specifically, Good Samaritan). TriHealth leases the building from the developer. Under applicable accounting guidance, TriHealth has determined that it maintains certain risk of ownership on this transaction, and as a result, has recorded property and equipment, net and a related liability, which is included in long-term compensation and benefits and other long-term liabilities of \$8,295 and \$8,570 at June 30, 2014 and 2013, respectively, net of current portion \$275 and \$214 at June 30, 2014 and 2013, respectively, included in accounts payable and accrued expenses.

TriHealth evaluates whether events and circumstances have occurred that indicate the remaining useful life of property and equipment may not be recoverable. Management determined there were no impairment issues in 2014.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

H. Leases

TriHealth participates in various lease agreements which are accounted for as capital (primarily related to medical office buildings) or operating leases under applicable accounting guidance

The capital lease obligations are \$61,273 and \$64,140, excluding short-term portions of \$2,811 and \$2,658, which are recorded in accounts payable and accrued expenses, at June 30, 2014 and 2013, respectively. Assets under capital lease are included in property and equipment on the combined balance sheets of \$65,905 and \$65,905, less accumulated depreciation of \$7,014 and \$3,125 as of June 30, 2014 and 2013, respectively.

The future minimum payments of TriHealth's capital lease obligations, based on scheduled maturity, are as follows:

2015	\$ 6,352
2016	6,416
2017	6,482
2018	6,586
2019	6,692
Thereafter	82,621
Total minimum payments	<u>115,149</u>
Less amounts representing interest	<u>51,065</u>
Present value of minimum lease payments	64,084
Less current portion	<u>2,811</u>
	<u><u>\$ 61,273</u></u>

Total rental expense under all operating leases, for the years ended June 30, 2014 and 2013, was \$22,641 and \$20,887, respectively.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

I. Long-Term Debt

Good Samaritan and Bethesda participate in a unified CHI credit governed agreement under a Capital Obligation Document (COD). Under the COD, CHI is the sole obligor on all debt. Bondholder security resides both in the unsecured promise by CHI to pay its obligations, and in its control of direct affiliates. Good Samaritan, as a direct affiliate, and Bethesda as a designated affiliate of CHI, are defined as participants under the COD. Debt under the COD is evidenced by promissory notes individually between Good Samaritan and CHI, and Bethesda and CHI, which include monthly installments of interest, and may be repaid in advance without penalty. Good Samaritan and Bethesda are only responsible for debt evidenced under the executed promissory notes as of June 30, 2014 and 2013.

Good Samaritan has agreed to certain covenants with CHI related to corporate existence, maintenance of insurance, and exempt use of bond-financed facilities. Bethesda has agreed to certain financial and nonfinancial covenants. Good Samaritan and Bethesda were in compliance with all covenants at June 30, 2014 and 2013.

Good Samaritan has three separate loan agreements which assisted in financing the construction of a new medical office building on its campus. The loans were obtained through subsidiaries of Uptown Consortium, Inc., an Ohio nonprofit corporation. Two of the loans were from the subsidiary, UNIF, LLC, for \$10,866 and \$3,950, respectively, both with a maturity in 2042 and a fixed interest rate of 1.25 % at June 30, 2014. The final loan was from the subsidiary Uptown Cincinnati Development Fund for \$8,911, with a maturity in 2017, and a fixed interest rate of 4% at June 30, 2014. Good Samaritan is subject to certain nonfinancial restrictive covenants under the loan agreements. Management is of the opinion that Good Samaritan was in compliance with all restrictive covenants at June 30, 2014.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

I. Long-Term Debt (continued)

The following is a summary of long-term debt as of June 30

	2014	2013
Good Samaritan		
Note payable to CHI, due 2021	\$ 25,451	\$ 31,902
Note payable to CHI, due 2024	65,059	70,318
Note payable to Uptown Cincinnati Development Fund, due 2017	8,911	8,911
Note payable to UNIF, LLC, due 2042	10,867	10,867
Note payable to UNIF, LLC, due 2042	3,950	3,950
Bethesda		
Note payable to CHI (Project Fund), due 2017	6,883	9,416
Note payable to CHI (2001 Refinance), due 2022	46,191	51,174
Note payable to CHI (Phase I), due 2026	6,278	6,676
Note payable to CHI (Phase II), due 2029	116,116	121,009
	289,706	314,223
Less current portion of long-term debt	25,777	24,456
	\$ 263,929	\$ 289,767

All of the notes payable to CHI are variable-rate debt with an interest rate of 4.75% consistently throughout 2014 and 2013, and at June 30, 2014 and 2013. The variable-rate associated with the notes payable to CHI is based on a blended rate of the underlying fixed and variable-rate external debt held by CHI.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

I. Long-Term Debt (continued)

A summary of scheduled principal payments on long-term debt for the next five years, and thereafter, is as follows

	<u>Amounts Due</u>
Year ending June 30	
2015	\$ 25,777
2016	27,099
2017	26,988
2018	22,770
2019	19,825
Thereafter	167,247
	<u>\$ 289,706</u>

Interest paid on all long-term debt was \$18,111 and \$16,225 for the years ended June 30, 2014 and 2013

TriHealth maintains a line of credit with Fifth Third Bank, with available credit of \$10,000 renewed annually. TriHealth made various draws on the line of credit during the year, all of which were subsequently repaid. No amounts were outstanding under the line of credit at June 30, 2014 or 2013.

J. Functional Expenses

TriHealth provides health care services to individuals within the tri-state area, including inpatient, outpatient, ambulatory, long-term care, and community-based services. Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services, and other functions that are supported centrally for all of TriHealth. The following summarizes the expenses related to providing those services for the years ended June 30:

	<u>2014</u>	<u>2013</u>
Health care services	\$ 1,240,720	\$ 1,142,680
Support services	175,351	171,402
	<u>\$ 1,416,071</u>	<u>\$ 1,314,082</u>

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

K. Retirement Plans

TriHealth maintains three noncontributory defined benefit retirement plans, Bethesda Retirement Plan, The Good Samaritan Hospital Retirement Plan, and TriHealth, Inc Retirement Plan (collectively, the Plans), covering substantially all employees. Under the Plans, employee benefits are based on employees' years of service, retirement age, and compensation. Vesting occurs over a three-year period. The Bethesda Retirement Plan and the TriHealth, Inc Retirement Plan both adhere to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Pension Benefit Guarantee Corporation premium and coverage regulations. The Good Samaritan Hospital Retirement Plan has received an IRS private letter ruling that states that The Good Samaritan Hospital Retirement Plan qualifies as a church plan and, accordingly, is exempt from certain provisions of both ERISA and Pension Benefit Guarantee Corporation premium and coverage regulations. While The Good Samaritan Hospital Retirement Plan is exempt from ERISA, the funding policy is consistent with the Bethesda Retirement Plan and TriHealth, Inc Retirement Plan to annually contribute an amount at least equal to the minimum funding requirement of ERISA as determined by consultation with an independent actuary.

The Plans' were approved to be frozen in the year ended June 30, 2014, effective December 31, 2014, resulting in a net reduction in the projected benefit obligation of \$5,308. The Plans' freeze had an immediate impact on the combined statement of operations and changes in net assets of \$1,011 of expense, included in employee benefit expense.

TriHealth recognizes the funded status (that is, the difference between the fair value of plan assets and the projected benefit obligations) of the Plans in the combined balance sheets, with a corresponding adjustment to unrestricted net assets. Actuarial gains and losses that arise and are not recognized as net periodic pension expense in the same periods will be recognized as a component of unrestricted net assets. Those amounts will be subsequently recognized as a component of net periodic pension expense on the same basis as the amounts recognized in unrestricted net assets.

TriHealth

Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets, and funded status of the Plans at June 30, 2014, and for the year then ended, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Accumulated benefit obligation	\$ 179,556	\$ 258,989	\$ 144,390	\$ 582,935
Change in benefit obligation				
Benefit obligation at beginning of year	\$ 178,445	\$ 251,215	\$ 127,578	\$ 557,238
Service cost	6,381	7,329	8,008	21,718
Interest cost	7,708	10,910	5,469	24,087
Net transfer between Plans	(3,728)	(3,615)	7,343	—
Actuarial loss	2,496	11,136	9,044	22,676
Benefits paid	(9,825)	(14,622)	(5,806)	(30,253)
Liability gain due to curtailment	(267)	(1,041)	(4,000)	(5,308)
Benefit obligation at end of year	181,210	261,312	147,636	590,158
Change in plan assets				
Fair value of plan assets at beginning of year	165,538	221,695	100,137	487,370
Actual return on plan assets	27,128	25,134	12,602	64,864
TriHealth contributions	11,300	16,500	12,800	40,600
Benefits paid	(9,825)	(14,622)	(5,805)	(30,252)
Net transfer among Plans	(3,527)	(2,931)	6,458	—
Fair value of plan assets at end of year	190,614	245,776	126,192	562,582
Funded status and pension asset (liability)	\$ 9,404	\$ (15,536)	\$ (21,444)	\$ (27,576)

TriHealth

Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets, and funded status of the Plans at June 30, 2013, for the year then ended, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Accumulated benefit obligation	\$ 168,400	\$ 241,466	\$ 118,912	\$ 528,778
Change in benefit obligation				
Benefit obligation at beginning of year	\$ 176,779	\$ 251,950	\$ 119,259	\$ 547,988
Service cost	6,615	7,124	7,264	21,003
Interest cost	7,042	10,071	4,708	21,821
Actuarial (gain) loss	(4,138)	(4,973)	521	(8,590)
Benefits paid	(7,853)	(12,957)	(4,174)	(24,984)
Benefit obligation at end of year	178,445	251,215	127,578	557,238
Change in plan assets				
Fair value of plan assets at beginning of year	144,936	193,826	81,676	420,438
Actual return on plan assets	15,855	25,226	11,235	52,316
TriHealth contributions	12,600	15,600	11,400	39,600
Benefits paid	(7,853)	(12,957)	(4,174)	(24,984)
Fair value of plan assets at end of year	165,538	221,695	100,137	487,370
Funded status and pension liability	\$ (12,907)	\$ (29,520)	\$ (27,441)	\$ (69,868)

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension expense as of June 30, 2014

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Net actuarial loss	\$ 31,570	\$ 90,877	\$ 41,528	\$ 163,975
Net loss (gain) transferred between Plans	656	1,321	(1,977)	—
	\$ 32,226	\$ 92,198	\$ 39,551	\$ 163,975

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension expense as of June 30, 2013

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Net prior service cost	\$ 373	\$ 544	\$ 383	\$ 1,300
Net actuarial loss	48,725	98,719	41,877	189,321
	<u>\$ 49,098</u>	<u>\$ 99,263</u>	<u>\$ 42,260</u>	<u>\$ 190,621</u>

Net actuarial loss is amortized as a component of net periodic benefit cost only if the losses exceed 10% of the greater of the projected benefit obligation or the fair value of the plan assets. The net prior service cost and net actuarial loss included in unrestricted net assets that is expected to be recognized in net periodic pension expense during the fiscal year ended June 30, 2015 is \$0 and \$3,416 for the Plans. The following amounts related to plan activity have been recognized as increase (decrease) in unrestricted net assets for the year ended June 30, 2014

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Net actuarial gain (loss)	\$ 12,614	\$ (2,609)	\$ (3,955)	\$ 6,050
Net actuarial gain (loss) due to asset transfer	857	2,003	(2,860)	—
Net actuarial gain due to curtailment	267	1,041	4,000	5,308
Prior service credit due to curtailment	295	423	293	1,011
Amortization of prior service credit	78	121	90	289
Amortization of net actuarial gain	3,417	7,407	3,164	13,988
Net (loss) gain transferred between Plans	(656)	(1,321)	1,977	—
	<u>\$ 16,872</u>	<u>\$ 7,065</u>	<u>\$ 2,709</u>	<u>\$ 26,646</u>

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The following amounts related to plan activity have been recognized as an increase in unrestricted net assets for the year ended June 30, 2013

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Amortization of net prior service cost	\$ 78	\$ 121	\$ 90	\$ 289
Net actuarial gain	8,700	14,192	4,023	26,915
Amortization of net actuarial loss	3,731	7,728	3,211	14,670
	<u>\$ 12,509</u>	<u>\$ 22,041</u>	<u>\$ 7,324</u>	<u>\$ 41,874</u>

A summary of the components of net periodic pension expense for the Plans, which is included in employee benefits expense in the combined statement of operations and changes in net assets for the year ended June 30, 2014, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Service cost	\$ 6,381	\$ 7,329	\$ 8,008	\$ 21,718
Interest cost	7,708	10,910	5,469	24,087
Expected return on plan assets	(11,959)	(16,609)	(7,513)	(36,081)
Amortization of net prior service cost	78	121	90	289
Amortization of net actuarial loss	3,417	7,407	3,164	13,988
Curtailment expense	295	423	293	1,011
	<u>\$ 5,920</u>	<u>\$ 9,581</u>	<u>\$ 9,511</u>	<u>\$ 25,012</u>

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

A summary of the components of net periodic pension expense for the Plans, which is included in employee benefits expense in the combined statement of operations and changes in net assets for the year ended June 30, 2013, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Service cost	\$ 6,615	\$ 7,124	\$ 7,264	\$ 21,003
Interest cost	7,042	10,071	4,708	21,821
Expected return on plan assets	(11,297)	(16,006)	(6,693)	(33,996)
Amortization of net prior service cost	78	121	90	289
Amortization of net actuarial loss	3,731	7,728	3,211	14,670
	<u>\$ 6,169</u>	<u>\$ 9,038</u>	<u>\$ 8,580</u>	<u>\$ 23,787</u>

The following weighted-average assumptions used to determine the benefit obligation for all of the Plans as of June 30 are

	2014	2013
Discount rate	3.96%	4.54%
Rate of compensation increase	3.00% to 9.00%	3.50% to 6.50%

The following weighted-average assumptions used to determine net periodic pension expense for all of the Plans for the years ended June 30 are

	2014	2013
Discount rate	4.54%	4.16%
Expected return on plan assets	7.50%	7.50%
Rate of compensation increase	3.00% to 9.00%	3.50% to 6.50%

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

In selecting the expected return on plan assets, TriHealth considered historical returns as well as adherence to future asset allocations set forth in the Plans' investment policies. This basis is consistent with the prior year.

All of The Good Samaritan Hospital Retirement Plan's assets are invested in a CHI Plan Assets Investment Program (the CHI Plan Asset Program) that provides for asset allocation in strategies across equity and debt markets, both domestic and international, and alternative investments. Alternative investments consist of hedge funds, private equity funds, and other securities organized as limited liability companies and partnerships. The portfolio's objectives are preservation of principal, investment growth of assets consistent with reasonable actuarial assumptions, competitive returns, minimization of unnecessary risk, and consistency with CHI social responsibility investment guidelines. Strategies are followed which increase or decrease investments in the equity and debt markets based upon the value of the stock and bond markets and the relative value of a wide variety of securities within these markets. Consideration is given to several variables, including productivity, inflation, global competitiveness, and risk.

The target and range asset allocations for The Good Samaritan Hospital Retirement Plan's plan assets set forth in the CHI Plan Asset Program's investment policies are as follows:

	Target	Range
Marketable debt securities	25.0%	15.0% to 35.0%
Marketable equity securities	52.5	42.5% to 62.5%
Alternative investments	22.5	12.5% to 32.5%

As of June 30, 2014 and 2013, TriHealth believes that there is not a specific concentration of risk in the underlying CHI Plan Asset Program. TriHealth does recognize that all investments are subject to market risks, and that changes in the market may have a material effect on the plan assets.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The CHI Plan Asset Program's asset allocation at June 30 is as follows

	2014	2013
Marketable debt securities	33.5%	26 0%
Marketable equity securities	47.0	55 0
Alternative investments	19.5	19 0
	100.0%	100 0%

The Bethesda Retirement Plan and TriHealth, Inc Retirement Plan assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns with long-term investment growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk. Diversification is achieved by allocating assets to various asset classes and investment styles, and retaining multiple investment managers with complementary philosophies, styles, and approaches. The use of leverage is prohibited except as specifically directed in the alternative investment allocation. The target and range asset allocations for Bethesda Retirement Plan and TriHealth, Inc Retirement Plan's plan assets set forth in the respective Bethesda Retirement Plan and TriHealth, Inc Retirement Plan investment policies, based on underlying investment securities, are as follows

	Target	Range
Marketable debt securities	20 0%	10 0% to 30 0%
Marketable equity securities	70 0	60 0% to 80 0%
Alternative investments	10 0	0 0% to 30 0%

TriHealth

Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The Bethesda Retirement Plan and TriHealth, Inc Retirement Plan asset allocations at June 30 is as follows

	2014	2013
Marketable equity	30.3%	36.9%
Marketable debt	18.4	18.7
Alternatives	46.3	42.8
Cash	5.0	1.6
	100.0%	100.0%

The following is a summary of all of the Plans' assets as of June 30, 2014, measured at fair value on a recurring basis based on the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Good Samaritan				
CHI Plan Asset Program	\$ —	\$ 194,228	\$ —	\$ 194,228
Due to Bethesda and TriHealth, Inc	(3,614)	—	—	(3,614)
Bethesda and TriHealth, Inc				
Cash and cash equivalents	19,118	—	—	19,118
Marketable equity securities				
Domestic	34,847	—	—	34,847
Foreign	6,740	—	—	6,740
Mutual funds				
Equity	26,483	—	—	26,483
Fixed income	35,165	—	—	35,165
Multi-Asset	49,847	—	—	49,847
Alternative investments				
Hedge funds	—	40,503	—	40,503
Limited liability companies	—	5,437	—	5,437
Private equity funds	—	—	25,442	25,442
Commingled funds	—	7,891	—	7,891
Real estate investment trusts	—	—	13,053	13,053
Other limited partnerships	—	93,926	9,902	103,828
Due from CHI Plan Asset Program	3,614	—	—	3,614
Total plan assets at fair value	\$ 172,200	\$ 341,985	\$ 48,397	\$ 562,582

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The following is a summary of all of the Plans' assets as of June 30, 2013, measured at fair value on a recurring basis based on the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Good Samaritan				
CHI Plan Asset Program	\$ —	\$ 165,538	\$ —	\$ 165,538
Bethesda and TriHealth, Inc				
Cash and cash equivalents	8,272	—	—	8,272
Marketable equity securities				
Domestic	33,603	—	—	33,603
Foreign	12,844	—	—	12,844
Mutual funds				
Equity	50,832	—	—	50,832
Fixed income	24,214	—	—	24,214
Hedge funds	—	74,182	5,974	80,156
Limited liability companies	—	25,232	—	25,232
Private equity funds	—	—	24,511	24,511
Commingled funds	—	7,211	—	7,211
Real estate investment trusts	—	—	14,498	14,498
Other limited partnerships	—	33,187	7,272	40,459
Total plan assets at fair value	\$ 129,765	\$ 305,350	\$ 52,255	\$ 487,370

The Good Samaritan Hospital Retirement Plan assets are represented by pool units rather than specific securities. The CHI Plan Asset Program is not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. However, management has determined that the NAV is an appropriate estimate of the fair value of these pooled units at June 30, 2014 and 2013 based on the underlying investment being recorded at fair value within the CHI Plan Asset Program. As TriHealth has the ability to redeem its pooled units with no adjustment at the measurement date, and there are no significant restrictions on liquidating these investments, the investment is categorized as a Level 2 measurement in the fair value hierarchy considerations. The inputs and valuation techniques as of June 30, 2014 and 2013 for valuing the pooled units is primarily NAV, which represent a market valuation approach.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

Fair value methodologies for cash and cash equivalents included in Level 1 are consistent with the inputs described in Note F

Mutual funds and marketable equity securities are valued using quoted market prices, with reasonable levels of price transparency. Such instruments are generally classified within Level 1 of the fair value hierarchy. TriHealth does not adjust the quoted market price for such financial instruments.

Alternative investments are not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. Management has determined that the NAV is an appropriate estimate of the fair value of these investments, at June 30, 2014 and 2013, based on the fact that the alternative investments are audited and accounted for at fair value by the administrators of the respective alternative investments. TriHealth has the ability to redeem its investment in the respective alternative investment at the NAV with no significant restrictions on the redemption at the combined balance sheet date. TriHealth has categorized the alternative investment as a Level 2 measurement in the fair value hierarchy. If TriHealth does not have the ability to redeem the alternative investment at NAV due to significant restrictions, TriHealth has categorized the alternative investment as a Level 3 measurement.

Following is the summary of inputs and valuation techniques, as of June 30, 2014 and 2013, used for valuing Level 2 securities in plan assets:

Securities	Input	Valuation Technique
Hedge funds	NAV	Market/Income
Limited liability companies	NAV	Market/Income
Commingled funds	NAV	Market/Income
Other limited partnerships	NAV	Market/Income

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

Following is the summary of the inputs and valuation techniques, as of June 30, 2014 and 2013, used for valuing Level 3 securities in plan assets

Securities	Input	Valuation Technique
Hedge funds	NAV	Market/Income
Private equity funds	NAV	Income
Real estate investment trusts	NAV	Income
Other limited partnerships	NAV	Market/Income

For Level 3 securities, when observable prices are not available, the investment manager might use one or more valuation techniques, such as the market approach or the income approach, for which sufficient and reliable data is available. Within Level 3, the use of the market approach generally consists of using either the guideline company method or similar transaction method, while the income approach generally consists of the net present value of estimated future cash flows, adjusted as appropriate for liquidity, credit, market, and/or other risk factors. Significant increases (decreases) in any of those observable inputs in isolation would result in a significantly lower (higher) fair value measurement. The impact of these changes would be recognized over a period of time in accordance with applicable accounting guidance.

TriHealth

Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The following table summarizes the activity related to plan assets having fair value measurements based on significant unobservable inputs (Level 3)

	Hedge Funds	Private Equity	Real Estate Investment Trusts	Other Limited Partnerships
Fair value at June 30, 2012 (Unaudited)	\$ 5,113	\$ 22,967	\$ 14,893	\$ 7,544
Purchases	—	2,500	695	3,090
Sales/settlements	—	(3,675)	(2,451)	(4,751)
Unrealized gains (losses)	861	(94)	(96)	—
Unrealized gains	—	2,813	1,457	1,389
Fair value at June 30, 2013	5,974	24,511	14,498	7,272
Purchases	—	2,169	315	3,623
Sales/settlements	(6,027)	(5,225)	(3,154)	(1,782)
Realized gains	368	—	—	56
Unrealized losses	(315)	(47)	(56)	—
Unrealized gains	—	4,034	1,450	733
Fair value at June 30, 2014	\$ —	\$ 25,442	\$ 13,053	\$ 9,902

Bethesda and TriHealth, Inc have committed capital yet to be called of \$26,348 and \$18,174 at June 30, 2014 and 2013, respectively, to private equity funds over the next one to three years

The expected benefits to be paid to the Plans' participants and beneficiaries are as follows

	Bethesda	Good Samaritan	TriHealth, Inc.	Combined
Year ending June 30				
2015	\$ 22,815	\$ 16,423	\$ 14,894	\$ 54,132
2016	19,774	14,034	11,641	45,449
2017	20,114	14,575	11,559	46,248
2018	20,004	14,807	11,526	46,337
2019	20,045	14,277	11,256	45,578
2020–2024	92,127	64,611	54,981	211,719

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

K. Retirement Plans (continued)

TriHealth expects to contribute a total of \$40,700 to the Plans in 2015, \$19,100 for Bethesda Retirement Plan, \$0 for The Good Samaritan Hospital Retirement Plan, and \$21,600 for TriHealth, Inc Retirement Plan

TriHealth employees are also eligible to participate in the TriHealth, Inc 401(k) Plan (the 401(k) Plan) where employees that are paid at least 1,000 hours in the calendar year are eligible for an employer match in the 401(k) Plan equal to 1 8% of their contributions The 401(k) Plan expense was \$10,134 and \$9,014 for the years ended June 30, 2014 and 2013, respectively, and is included in employee benefits in the combined statements of operations and changes in net assets

L. Insurance Programs

Professional and General Liability

TriHealth is insured for professional liability claims through a number of different insurance policies and programs These policies and programs include a combination of being self-insured for some exposures, and commercially insured through outside organizations for others The following table represents a summary of professional and general liability as of June 30

	2014			2013		
	Self- Insurance	Commercial Insurance	Combined	Self- Insurance	Commercial Insurance	Combined
Bethesda	\$ 12,071	\$ 5,106	\$ 17,177	\$ 15,789	\$ 5,775	\$ 21,564
Good Samaritan	—	15,803	15,803	—	15,688	15,688
TriHealth, Inc	7,336	3,531	10,867	5,131	3,766	8,897
	<u>\$ 19,407</u>	<u>\$ 24,440</u>	<u>\$ 43,847</u>	<u>\$ 20,920</u>	<u>\$ 25,229</u>	<u>\$ 46,149</u>

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

L. Insurance Programs (continued)

The following table represents the commercial insurance receivable representing anticipated recoveries under commercial insurance policies, which is included in other long-term assets as of June 30

	2014	2013
Bethesda	\$ 5,106	\$ 5,775
Good Samaritan	15,803	15,688
TriHealth, Inc	3,531	3,766
	<u>\$ 24,440</u>	<u>\$ 25,229</u>

FIIL, a wholly owned, captive insurance subsidiary of CHI, underwrites the property and casualty risks of CHI. Good Samaritan participates in FIIL's comprehensive professional, employment practices, general liability, and workers' compensation coverage. Coverage is provided by FIIL either on a directly written basis or through reinsurance relationships with commercial carriers. In addition, CHI purchases excess insurance from commercial insurers. These amounts, including actuarial estimates for incurred but not reported claims, are assessed to all participants.

Accounting Standards Update (ASU) No 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries*, clarifies that a health care entity may not net insurance recoveries against related claim liabilities. Under ASU 2010-24, Good Samaritan recognizes a liability of, and expected recovery for, professional liability, as determined by CHI. The professional liability recognized under ASU 2010-24 is included in accrued professional liability, and the corresponding asset is included in other long-term assets. Good Samaritan believes the asset is fully realizable at June 30, 2014 and 2013.

Amounts paid by Good Samaritan for professional, employment practices, and general liability coverage were \$3,680 and \$3,697 for the years ended June 30, 2014 and 2013, respectively, and are included in insurance expense. Amounts paid by Good Samaritan for workers' compensation coverage were \$1,712 and \$1,751 for the years ended June 30, 2014 and 2013, respectively, and are included in employee benefits expense.

TriHealth

Notes to Combined Financial Statements (continued) *(Dollar Amounts in Thousands)*

L. Insurance Programs (continued)

Bethesda, Inc. has a self-insurance program for the primary layer of professional liability coverage. Self-insurance limits with respect to the primary layer of professional liability coverage are \$3,000 per occurrence and \$12,000 in the annual aggregate. Insurance in excess of the primary layer, including excess liability coverage, is provided by commercial insurance carriers on a claims-made basis. In addition, management maintains current claims-made insurance coverage to cover any known incidents that may be asserted.

The combined financial statements include an actuarially determined accrual for asserted and reported claims and incurred but not reported claims which may result from past services provided to patients, discounted at a rate of 1.25% as of June 30, 2014 and 2013. The actuarially determined accrual for Bethesda's professional liability coverage is an estimate.

The possibility exists that the estimate will change by a material amount in the future. Bethesda recorded a decrease to insurance expense of \$3,739 and \$2,397 in 2014 and 2013, respectively, due to lower claim activities and improved claim resolution.

In accordance with ASU 2010-24, Bethesda recorded a liability and estimated recoveries, at June 30, 2014 and 2013, related to excess liability coverage, which was included in accrued professional liability, and other long-term assets.

Bethesda, Inc. and Subsidiaries contribute amounts to a trust fund to provide for the actuarially determined liability under the primary layer of professional liability coverage. The contributed assets are held in an irrevocable trust for future professional liability claims.

TriHealth, Inc.

Physicians within TriHealth, Inc. are insured through a primary layer claims-made commercial policy, with Preferred Profession Insurance Company (PPIC), of professional liability coverage. PPIC commercial insurance coverage is \$1,000 per occurrence and \$3,000 in the annual aggregate. The PPIC commercial insurance policy contains no tail liability coverage. As a result, the combined financial statements include an actuarially determined accrual for incurred but not reported claims (tail liability), which may result from past services provided to patients, discounted at a rate of 1.25% as of June 30, 2014 and 2013. The actuarially determined accrual for its professional liability tail coverage is an estimate. The possibility exists that the estimate will change by a material amount in the future.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

L. Insurance Programs (continued)

Insurance in excess of the primary PPIC commercial insurance layer includes \$2,000, gap coverage, an excess of \$1,000 per occurrence, and \$3,000 in the annual aggregate, and excess liability coverage in excess of \$3,000 and \$12,000 in the annual aggregate limited to \$18,000 provided by commercial insurance carriers on a claims-made basis

In accordance with ASU 2010-24, at June 30, 2014 and 2013, TriHealth, Inc recorded a liability and estimated recoveries for professional liability coverage for asserted and reported claims, which was included in accrued professional liability, and other long-term assets

Workers' Compensation

Under ASU 2010-24, Good Samaritan recognized a liability of, and expected recovery for, workers' compensation of \$4,418 and \$7,106, as determined by CHI at June 30, 2014 and 2013, respectively The workers' compensation liability recognized under ASU 2010-24 is included in long-term compensation and benefits and other long-term liabilities, and the corresponding asset is included in other long-term assets Good Samaritan believes the asset is fully realizable at June 30, 2014 and 2013

Bethesda and TriHealth, Inc is also self-insured for workers' compensation coverage An estimated liability for outstanding and incurred but not reported workers' compensation claims of \$6,597 and \$6,280 has been included in long-term compensation and benefits and other long-term liabilities as of June 30, 2014 and 2013, respectively The discount rate used to compute the workers' compensation liability, as of June 30, 2014 and 2013, was 1.25% Management believes this amount to be adequate for the cost of potential losses Bethesda and TriHealth, Inc also purchase commercial excess insurance to limit their self-insurance exposure related to workers' compensation

Employee Health Insurance

TriHealth is also self-insured for employee health insurance Employee health benefits are paid through a local claims processor based on plan coverage determined by TriHealth An estimated liability of \$11,203 and \$9,153 for outstanding and incurred but not reported claims has been included in compensation and benefits as of June 30, 2014 and 2013, respectively, and is believed by management to be adequate for the cost of potential losses

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

M. Related-Party Transactions

TriHealth enters into various related-party transactions in the ordinary course of business with Bethesda, Inc., Good Samaritan Hospital Foundation, Bethesda Foundation Inc., and CHI. Significant activity that occurs in the normal course of business with Bethesda, Inc., Good Samaritan Hospital Foundation, Bethesda Foundation, Inc., and CHI is disclosed in this note.

The following is a summary of the net amounts due from related organizations at June 30:

	2014	2013
Bethesda Foundation, Inc.	\$ 16,404	\$ 12,771
The Good Samaritan Hospital Foundation	17,357	16,232
Bethesda, Inc.	(1,120)	1,104
	32,641	30,107
Less current portion of due from related organizations	131	748
	\$ 32,510	\$ 29,359

Bethesda Foundation, Inc. is a wholly owned subsidiary of Bethesda, Inc., which engages in fundraising activities, and invests the resulting assets to support the operations of Bethesda, as well as other related entities. The receivable from Bethesda Foundation Inc. represents amounts held by Bethesda Foundation Inc. on behalf of Bethesda. Bethesda Foundation Inc. also charges an administrative fee to Hospice of Cincinnati Inc. and Subsidiary for fundraising services. The amount recognized as other revenue in the combined statements of operations, and changes in net assets by Bethesda related to these services, was \$614 and \$678 for the years ended June 30, 2014 and 2013, respectively.

The Good Samaritan Hospital Foundation engages in fundraising activities, and invests the resulting assets to support the operations of Good Samaritan, as well as other related entities. The receivable from The Good Samaritan Hospital Foundation represents amounts held by The Good Samaritan Hospital Foundation on behalf of Good Samaritan.

A \$10,000 capital transfer was made to Bethesda, Inc. to support Bethesda, Inc.'s charitable mission for the years ended June 30, 2014 and 2013. These capital transfers are recorded as direct reductions to unrestricted net assets.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

M. Related-Party Transactions (continued)

Good Samaritan recognized expenses of \$10,929 and \$10,818 in 2014 and 2013, respectively, related to overhead allocations, patient surveys, and clinical engineering from the CHI's National Office. Good Samaritan also made net contributions of \$3,030 and \$8,188 to the CHI capital resource pool during 2014 and 2013, respectively. These fund contributions are recorded as direct reductions to unrestricted net assets.

Due to Bethesda's relationship with the Bethesda Foundation Inc., and Good Samaritan's relationship with The Good Samaritan Hospital Foundation, Bethesda and Good Samaritan are the principal beneficiaries of the Bethesda Foundation Inc. and The Good Samaritan Hospital Foundation, respectively. The following summary financial information of the Bethesda Foundation Inc. and The Good Samaritan Hospital Foundation has been included in the notes to these combined financial statements.

The following is a summary of the Bethesda Foundation Inc.'s assets, liabilities, and net assets as of June 30:

	2014	2013
Investments	\$ 117,916	\$ 103,546
Other assets	3,453	2,232
Total assets	<u>\$ 121,369</u>	<u>\$ 105,778</u>
Liabilities	\$ 17,104	\$ 13,395
Net assets	104,265	92,383
Total liabilities and net assets	<u>\$ 121,369</u>	<u>\$ 105,778</u>

Liabilities of the Bethesda Foundation Inc., at June 30, 2014 and 2013, include \$16,404 and \$12,771, respectively, due to TriHealth.

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

M. Related-Party Transactions (continued)

The following is a summary of the Bethesda Foundation Inc 's results of operations and changes in net assets for the years ended June 30

	2014	2013
Unrestricted revenue	\$ 15,013	\$ 12,714
Expenses		
Support to related parties	3,679	2,002
Other	2,004	2,075
Total expenses	5,683	4,077
Increase in unrestricted net assets before grant transfers	9,330	8,637
Grant transfers	2,472	700
Increase in unrestricted net assets	11,802	9,337
Other changes in net assets, net	80	33
Increase in net assets	11,882	9,370
Net assets at beginning of year	92,383	83,013
Net assets at end of year	\$ 104,265	\$ 92,383

The following is a summary of The Good Samaritan Hospital Foundation's assets, liabilities, and net assets as of June 30

	2014	2013
Investments	\$ 54,207	\$ 47,334
Other assets	2,236	1,186
Total assets	\$ 56,443	\$ 48,520
Liabilities	\$ 352	\$ 2,878
Net assets	56,091	45,642
Total liabilities and net assets	\$ 56,443	\$ 48,520

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

M. Related-Party Transactions (continued)

Liabilities of The Good Samaritan Hospital Foundation, at June 30, 2014 and 2013, include \$131 and \$2,641, respectively, due to TriHealth. Net assets of The Good Samaritan Hospital Foundation, at June 30, 2014 and 2013, include funds held for the benefit of Good Samaritan Hospital of \$17,226 and \$13,591, respectively.

The following is a summary of The Good Samaritan Hospital Foundation's results of operations and changes in net assets for the years ended June 30.

	<u>2014</u>	<u>2013</u>
Unrestricted revenue	\$ 6,794	\$ 4,756
Expenses		
Support to related parties	199	884
Other	1,165	1,227
Total expenses	<u>1,364</u>	<u>2,111</u>
Excess of unrestricted revenue over expenses	5,430	2,645
Other changes in net assets, net	5,019	2,953
Increase in net assets	10,449	5,598
Net assets at beginning of year	45,642	40,044
Net assets at end of year	<u>\$ 56,091</u>	<u>\$ 45,642</u>

TriHealth

Notes to Combined Financial Statements (continued) (Dollar Amounts in Thousands)

N. Investments in Unconsolidated Organizations

TriHealth maintains an ownership percentage of 50% or less in various joint ventures and other companies that do not require consolidation. These investments are accounted for using the equity method of accounting. The following is a summary of the investments in unconsolidated organizations as of June 30:

	<u>2014</u>	<u>2013</u>
Premier	\$ 5,173	\$ –
TriState Laundry	2,409	2,554
Vantage Oncology Treatment Centers – Ohio, LLC	8,483	9,023
Other	2,365	1,585
	<u>\$ 18,430</u>	<u>\$ 13,162</u>

O. Subsequent Events

TriHealth has evaluated and disclosed subsequent events through September 25, 2014, which is the date the combined financial statements were issued and made available. No recognized or nonrecognized subsequent events were identified for recognition or disclosure in the combined financial statements.

Supplementary Information



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Report of Independent Auditors on Supplementary Information

The Board of Trustees
TriHealth

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying combining and consolidating balance sheets and combining and consolidating statements of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

Ernst & Young LLP

September 25, 2014

TriHealth

Combining Balance Sheet (Dollar Amounts in Thousands)

June 30, 2014

	Bethesda Hospital, Inc and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc Consolidated	Combining Adjustments **	Reclassifications/ Eliminations	TriHealth Combined
Assets						
Current assets						
Cash and cash equivalents	\$ 102	\$ 265	\$ 33,088	\$ 6	\$ —	\$ 33,461
Net patient accounts receivable, less allowance of \$51,594	53,905	57,425	25,663	2,078	—	139,071
Other accounts receivable	2,829	2,381	3,103	(597)	—	7,716
Network affiliation receivable	—	19,203	—	—	(19,203)	—
Current portion of assets limited as to use	29,160	29,160	—	—	—	58,320
Inventories	2,583	3,313	1,480	—	—	7,376
Prepaid and other current assets	1,937	168	749	—	—	2,854
Due from (to) related organizations, net	—	7,605	—	(14,267)	6,793	131
Total current assets	90,516	119,520	64,083	(12,780)	(12,410)	248,929
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	309,974	364,896	—	(23,972)	—	650,898
Restricted by donors	3,223	35,788	—	(30,235)	—	8,776
Trustee-held funds under professional liability funding arrangement	22,416	—	—	—	—	22,416
Investments	7,891	9,269	—	—	—	17,160
Total assets limited as to use and investments	343,504	409,953	—	(54,207)	—	699,250
Property and equipment, net	249,506	196,632	137,779	11,996	—	595,913
Investments in unconsolidated organizations	116,034	112,390	728	—	(210,722)	18,430
Goodwill and identifiable intangible assets, net	21,689	—	134,339	—	—	156,028
Due from related organizations, net	27,374	—	2,225	83	2,828	32,510
Pension asset	—	9,404	—	—	(9,404)	—
Other long-term assets	5,265	21,854	23,493	(1,632)	—	48,980
Total assets	\$ 853,888	\$ 869,753	\$ 362,647	\$ (56,540)	\$ (229,708)	\$ 1,800,040

**Combining adjustments include the addition of Bethesda Healthcare Inc. and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

	Bethesda Hospital, Inc and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc Consolidated	Combining Adjustments **	Reclassifications/ Eliminations	TriHealth Combined
Liabilities and net assets						
Current liabilities						
Compensation and benefits	\$ 25,907	\$ 22,701	\$ 55,945	\$ 1,315	\$ —	\$ 105,868
Third-party liabilities	7,841	5,799	—	—	—	13,640
Accounts payable and accrued expenses	19,901	13,939	18,716	564	—	53,120
Network affiliation payable	19,203	—	—	—	(19,203)	—
Current portion of due to related organization	7,605	—	—	—	(7,605)	—
Current portion of long-term debt	13,449	12,328	—	—	—	25,777
Total current liabilities	93,906	54,767	74,661	1,879	(26,808)	198,405
Accrued professional liability	17,177	15,803	10,867	—	—	43,847
Pension obligation	15,536	—	21,444	—	(9,404)	27,576
Long-term compensation and benefits and other long-term liabilities	18,765	21,907	18,087	(44)	—	58,715
Capital lease obligations	22,871	11,538	26,864	—	—	61,273
Long-term debt	162,018	101,911	—	—	—	263,929
Total liabilities	330,273	205,926	151,923	1,835	(36,212)	653,745
Net assets						
Unrestricted	506,005	628,039	210,724	(28,140)	(210,722)	1,105,906
Temporarily restricted	17,610	22,779	—	(17,226)	17,226	40,389
Permanently restricted	—	13,009	—	(13,009)	—	—
Total net assets	523,615	663,827	210,724	(58,375)	(193,496)	1,146,295
Total liabilities and net assets	\$ 853,888	\$ 869,753	\$ 362,647	\$ (56,540)	\$ (229,708)	\$ 1,800,040

**Combining adjustments include the addition of Bethesda Healthcare Inc. and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

TriHealth

Combining Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2014

	Bethesda Hospital, Inc. and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc. Consolidated	Combining Adjustments***	Reclassifications Eliminations	TriHealth Combined
Revenue						
Patient service revenue (net of contractual provisions and discounts)	\$ 592,232	\$ 525,657	\$ 307,644	\$ 5,321	\$ —	\$ 1,430,854
Provision for bad debt	(35,363)	(26,697)	(10,905)	(58)	—	(73,023)
Net patient service revenue less provision for bad debts	556,869	498,960	296,739	5,263	—	1,357,831
Nonpatient (loss) revenue						
(Loss) revenue from unconsolidated organizations	(31,480)	(28,469)	1,991	—	64,693	6,735
Operating (loss) income from network affiliation	(8,369)	8,369	—	—	—	—
Other revenue, net	23,138	21,070	45,212	18,444	(9,109)	98,755
Total revenue	540,158	499,930	343,942	23,707	55,584	1,463,321
Expenses						
Salaries and wages	192,554	165,158	325,299	12,269	—	695,280
Employee benefits	51,474	41,869	57,875	2,660	(564)	153,314
Medical professional fees	5,507	17,399	2,172	104	—	9,522
Purchased services	31,307	14,137	36,245	1,931	—	83,620
Supplies	94,039	105,092	52,691	676	—	252,498
Utilities	5,167	4,523	9,099	499	—	19,288
Insurance	(2,139)	3,971	7,337	(38)	—	9,131
Rental, leases, and maintenance	10,720	4,379	35,879	2,547	(6,994)	46,531
Depreciation and amortization	24,787	20,771	29,232	542	—	75,332
Interest	8,967	6,349	2,114	280	—	17,710
Services provided by affiliates	—	6,199	4	—	—	6,203
Other, net	96,389	101,305	(149,314)	813	(1,551)	47,642
Total operating expenses	518,772	475,492	408,633	22,283	(9,109)	1,416,071
Income (loss) from operations	21,386	24,438	(64,691)	1,424	64,693	47,250
Nonoperating (loss) income						
Nonoperating (loss) income from network affiliation	(10,834)	10,834	—	—	—	—
Investment income (loss)	43,970	54,097	—	(6,458)	—	91,609
Total nonoperating income (loss)	33,136	64,931	—	(6,458)	—	91,609
Excess of revenue over expenses (expenses over revenue)	54,522	89,369	(64,691)	(5,034)	64,693	138,859
Other changes in net assets						
Change in plan assets and benefit obligation of pension plans	7,065	16,872	2,709	—	—	26,646
Change in funded status of TriHealth, Inc. pension plan	1,354	1,354	—	—	(2,708)	—
Transfer to Bethesda, Inc.	(10,000)	—	—	—	—	(10,000)
Transfer to CHI capital resource pool	—	(3,030)	—	—	—	(3,030)
Temporarily restricted contributions and investment income	4,853	3,679	—	(3,635)	3,634	8,531
Contributed capital	—	—	237,313	—	(237,313)	—
Other changes in net assets, net	(17)	393	—	(1,386)	—	(1,010)
Increase in net assets	\$7,773	108,637	175,331	(10,055)	(171,694)	159,996
Net assets at beginning of year	465,838	555,190	35,393	(48,320)	(21,802)	986,299
Net assets at end of year	\$ 523,615	\$ 663,827	\$ 210,724	\$ (58,375)	\$ (193,496)	\$ 1,146,295

***Combining adjustments include the addition of Bethesda Healthcare, Inc. and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement.

TriHealth

Combining Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

	Bethesda Hospital, Inc and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc Consolidated	Combining Adjustments **	Reclassifications/ Eliminations	TriHealth Combined
Assets						
Current assets						
Cash and cash equivalents	\$ 4,708	\$ 19,536	\$ (15,373)	\$ 11	\$ –	\$ 8,882
Net patient accounts receivable, less allowance of \$59,538	43,500	47,079	21,197	1,576	–	113,352
Other accounts receivable	4,100	3,299	4,194	(284)	–	11,309
Network affiliation receivable	4,103	–	–	–	(4,103)	–
Current portion of assets limited as to use	15,431	16,058	–	–	–	31,489
Inventories	2,200	3,420	1,300	–	–	6,920
Prepaid and other current assets	1,929	211	60	12	–	2,212
Due from (to) related organizations, net	42,805	54,874	(97,679)	(14,163)	14,911	748
Total current assets	118,776	144,477	(86,301)	(12,848)	10,808	174,912
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	299,001	349,363	–	(20,971)	–	627,393
Restricted by donors	3,157	31,872	–	(26,363)	–	8,666
Trustee-held funds under professional liability funding arrangement	22,856	–	–	–	–	22,856
Investments	12,862	15,803	–	–	–	28,665
Total assets limited as to use and investments	337,876	397,038	–	(47,334)	–	687,580
Property and equipment, net	261,468	200,829	132,938	12,334	–	607,569
Investments in unconsolidated organizations	23,748	24,078	729	–	(35,393)	13,162
Goodwill and identifiable intangible assets, net	21,994	–	114,108	–	–	136,102
Due from related organizations, net	28,083	–	435	2,161	(1,320)	29,359
Other long-term assets	5,935	23,695	23,995	(901)	–	52,724
Total assets	\$ 797,880	\$ 790,117	\$ 185,904	\$ (46,588)	\$ (25,905)	\$ 1,701,408

**Combining adjustments include the addition of Bethesda Healthcare Inc., and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

	Bethesda Hospital, Inc and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc Consolidated	Combining Adjustments **	Reclassifications/ Eliminations	TriHealth Combined
Liabilities and net assets						
Current liabilities						
Compensation and benefits	\$ 24.470	\$ 20.643	\$ 48.984	\$ 1.345	\$ –	\$ 95.442
Third-party liabilities	6.019	7.132	–	–	–	13.151
Accounts payable and accrued expenses	18.975	12.025	18.491	375	–	49.866
Network affiliation payable	–	4.103	–	–	(4.103)	–
Current portion of long-term debt	12.746	11.710	–	–	–	24.456
Total current liabilities	62.210	55.613	67.475	1.720	(4.103)	182.915
Accrued professional liability	21.564	15.688	8.897	–	–	46.149
Pension obligation	29.520	12.907	27.441	–	–	69.868
Long-term compensation and benefits and other long-term liabilities	18.900	24.342	19.016	12	–	62.270
Capital lease obligations	24.320	12.138	27.682	–	–	64.140
Long-term debt	175.528	114.239	–	–	–	289.767
Total liabilities	332.042	234.927	150.511	1.732	(4.103)	715.109
Net assets						
Unrestricted	452.930	523.319	35.393	(21.958)	(35.393)	954.291
Temporarily restricted	12.908	19.100	–	(13.591)	13.591	32.008
Permanently restricted	–	12.771	–	(12.771)	–	–
Total net assets	465.838	555.190	35.393	(48.320)	(21.802)	986.299
Total liabilities and net assets	\$ 797.880	\$ 790.117	\$ 185.904	\$ (46.588)	\$ (25.905)	\$ 1,701.408

**Combining adjustments include the addition of Bethesda Healthcare Inc., and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

TriHealth

Combining Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2013

	Bethesda Hospital, Inc. and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc. Consolidated	Combining Adjustments***	Reclassifications Eliminations	TriHealth Combined
Revenue						
Patient service revenue (net of contractual provisions and discounts)	\$ 575,221	\$ 518,308	\$ 235,240	\$ 5,033	\$ -	\$ 1,333,802
Provision for bad debt	(41,120)	(33,164)	(6,133)	(41)	-	(80,458)
Net patient service revenue less provision for bad debts	534,101	485,144	229,107	4,992	-	1,253,344
Nonpatient (loss) revenue						
(Loss) revenue from unconsolidated organizations	(27,402)	(25,923)	54	-	57,828	4,557
Operating income (loss) from network affiliation	3,097	(3,097)	-	-	-	-
Other revenue, net	24,942	27,672	38,329	18,395	(8,032)	101,306
Total revenue	534,738	483,796	267,490	23,387	49,796	1,359,207
Expenses						
Salaries and wages	182,605	155,367	273,524	12,051	-	623,547
Employee benefits	51,233	37,237	49,351	2,600	(548)	139,873
Medical professional fees	5,904	2,804	300	60	-	9,068
Purchased services	31,171	14,336	31,530	2,000	-	79,037
Supplies	99,443	108,933	40,142	564	-	249,082
Utilities	4,932	4,516	8,293	501	-	18,242
Insurance	(466)	4,545	4,954	(39)	-	8,994
Rental, leases, and maintenance	10,555	5,099	33,713	906	(4,101)	46,172
Depreciation and amortization	23,806	19,203	22,546	486	-	66,041
Interest	9,622	6,494	1,097	309	-	17,522
Services provided by affiliates	-	5,716	-	-	-	5,716
Other, net	94,658	97,997	(140,140)	1,656	(3,383)	50,788
Total operating expenses	513,463	462,247	325,310	21,094	(8,032)	1,314,082
Income (loss) from operations	21,275	21,549	(57,820)	2,293	57,828	45,125
Nonoperating income (loss)						
Nonoperating income (loss) from network affiliation	1,006	(1,006)	-	-	-	-
Investment income (loss)	35,355	39,540	(8)	(4,588)	-	70,299
Total nonoperating income (loss)	36,361	38,534	(8)	(4,588)	-	70,299
Excess of revenue over expenses (expenses over revenue)	57,636	60,083	(57,828)	(2,295)	57,828	115,424
Other changes in net assets						
Change in plan assets and benefit obligation of pension plans	22,041	12,509	7,324	-	-	41,874
Change in funded status of TriHealth, Inc. pension plan	3,662	3,662	-	-	(7,324)	-
Transfer to Bethesda, Inc.	(10,000)	-	-	-	-	(10,000)
Transfer to CHI capital resource pool	-	(8,188)	-	-	-	(8,188)
Temporarily restricted contributions and investment income	697	1,456	-	(1,584)	1,584	2,153
Contributed capital	-	-	88,719	-	(88,719)	-
Other changes in net assets, net	(448)	768	(2,822)	(1,440)	5,762	1,820
Increase (decrease) in net assets	73,588	70,290	35,393	(5,319)	(30,869)	143,083
Net assets at beginning of year	392,250	484,900	-	(43,001)	9,067	843,216
Net assets at end of year	\$ 465,838	\$ 555,190	\$ 35,393	\$ (48,320)	\$ (21,802)	\$ 986,299

***Combining adjustments include the addition of Bethesda Healthcare Inc. and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement.

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2014

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclassifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Assets						
Current assets						
Cash and cash equivalents	\$ —	\$ (467)	\$ 534	\$ 35	\$ —	\$ 102
Net patient accounts receivable, less allowance of \$24,343	—	4	5,575	48,326	—	53,905
Other accounts receivable	5	—	—	2,824	—	2,829
Current portion of assets limited as to use	—	—	—	29,160	—	29,160
Inventories	—	—	—	2,583	—	2,583
Prepaid and other current assets	—	—	30	1,907	—	1,937
Due from (to) related organizations, net	6,179	55,174	3,547	(64,900)	—	—
Total current assets	6,184	54,711	9,686	19,935	—	90,516
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	—	—	16,001	293,973	—	309,974
Restricted by donors	—	—	—	3,223	—	3,223
Trustee-held funds under professional liability funding arrangement	—	—	—	22,416	—	22,416
Investments	—	—	—	7,891	—	7,891
Total assets limited as to use and investments	—	—	16,001	327,503	—	343,504
Property and equipment, net	20,551	18	8,707	220,230	—	249,506
Investments in unconsolidated organizations	—	—	—	120,932	(4,898)	116,034
Goodwill and identifiable intangible assets	—	—	—	21,689	—	21,689
Due from related organizations, net	—	—	4,860	22,514	—	27,374
Other long-term assets	—	—	—	5,265	—	5,265
Total assets	\$ 26,735	\$ 54,729	\$ 39,254	\$ 738,068	\$ (4,898)	\$ 853,888

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclassifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Liabilities and net assets						
Current liabilities						
Compensation and benefits	\$ 1	\$ 67	\$ 1,750	\$ 24,089	\$ —	\$ 25,907
Third-party liabilities	—	—	—	7,841	—	7,841
Accounts payable and accrued expenses	950	4,097	1,113	13,741	—	19,901
Network affiliation payable	—	—	—	19,203	—	19,203
Current portion of due to related organization	—	—	—	7,605	—	7,605
Current portion of long-term debt	—	—	—	13,449	—	13,449
Total current liabilities	951	4,164	2,863	85,928	—	93,906
Accrued professional liability	—	—	—	17,177	—	17,177
Pension obligation	—	—	—	15,536	—	15,536
Long-term compensation and benefits and other long-term liabilities	1,951	1,451	333	15,030	—	18,765
Capital lease obligation	—	—	—	22,871	—	22,871
Long-term debt	—	—	—	162,018	—	162,018
Total liabilities	2,902	5,615	3,196	318,560	—	330,273
Net assets						
Unrestricted	23,833	49,114	31,198	406,758	(4,898)	506,005
Temporarily restricted	—	—	4,860	12,750	—	17,610
Total net assets	23,833	49,114	36,058	419,508	(4,898)	523,615
Total liabilities and net assets	\$ 26,735	\$ 54,729	\$ 39,254	\$ 738,068	\$ (4,898)	\$ 853,888

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2014

	Bethesda Properties Inc	Senior Services a Division of Bethesda Hospital Inc	Hospice of Cincinnati Inc and Subsidiary	Bethesda Hospital Inc	Reclassifications Eliminations	Bethesda Hospital Inc and Subsidiaries Consolidated
Revenue						
Patient service revenue (net of contractual provisions and discounts)	\$ -	\$ 28,038	\$ 39,998	\$ 535,150	\$ (10,954)	\$ 592,232
Provision for bad debt	-	(11)	(95)	(35,257)	-	(35,363)
Net patient service revenue less provision for bad debts	-	28,027	39,903	499,893	(10,954)	556,869
Nonpatient (loss) revenue						
Loss from unconsolidated organizations	-	-	-	(31,480)	-	(31,480)
Operating loss from network affiliation	-	-	-	(8,369)	-	(8,369)
Other revenue net	5,871	1,278	8,127	16,056	(8,194)	23,138
Total revenue	5,871	29,305	48,030	476,100	(19,148)	540,158
Expenses						
Salaries and wages	356	7,958	27,276	163,142	(6,178)	192,554
Employee benefits	83	2,251	7,377	43,457	(1,694)	51,473
Medical professional fees	-	2,204	342	3,143	(182)	5,507
Purchased services	292	9,942	2,640	19,852	(1,419)	31,307
Supplies	458	3,944	3,790	88,928	(3,081)	94,039
Utilities	633	160	700	3,674	-	5,167
Insurance	-	11	-	(2,140)	(10)	(2,139)
Rental leases and maintenance	1	695	2,713	9,438	(2,127)	10,720
Depreciation and amortization	1,287	230	826	22,444	-	24,787
Interest	115	-	-	8,852	-	8,967
Other net	242	1,234	1,552	97,818	(4,457)	96,389
Total operating expenses	3,467	28,629	47,216	458,608	(19,148)	518,772
Income from operations	2,404	676	814	17,492	-	21,386
Nonoperating (loss) income						
Nonoperating loss from network affiliation	-	-	-	(10,834)	-	(10,834)
Investment income	-	-	1,720	42,250	-	43,970
Total nonoperating income	-	-	1,720	31,416	-	33,136
Excess of revenue over expenses	2,404	676	2,534	48,908	-	54,522
Other changes in net assets						
Change in plan assets and benefit obligation of pension plan	-	-	-	7,065	-	7,065
Change in funded status of TriHealth Inc pension plan	-	-	-	1,354	-	1,354
Transfer to Bethesda Inc	-	-	-	(10,000)	-	(10,000)
Temporary restricted contributions and investment income	-	-	3,153	1,700	-	4,853
Other changes in net assets net	-	-	-	(17)	-	(17)
Increase in net assets	2,404	676	5,687	49,010	-	57,777
Net assets at beginning of year	21,429	48,438	30,371	370,498	(4,898)	465,838
Net assets at end of year	\$ 23,833	\$ 49,114	\$ 36,058	\$ 419,508	\$ (4,898)	\$ 523,615

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclassifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Assets						
Current assets						
Cash and cash equivalents	\$ —	\$ (616)	\$ 74	\$ 5,250	\$ —	\$ 4,708
Net patient accounts receivable, less allowance of \$27,233	—	369	4,555	38,576	—	43,500
Other accounts receivable	2	—	—	4,098	—	4,100
Network affiliation receivable	—	—	—	4,103	—	4,103
Current portion of assets limited as to use	—	—	—	15,431	—	15,431
Inventories	—	—	—	2,200	—	2,200
Prepaid and other current assets	—	—	20	1,909	—	1,929
Due from (to) related organizations, net	3,848	56,169	7,964	(25,176)	—	42,805
Total current assets	3,850	55,922	12,613	46,391	—	118,776
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	—	—	10,173	288,828	—	299,001
Restricted by donors	—	—	—	3,157	—	3,157
Trustee-held funds under professional liability funding arrangement	—	—	—	22,856	—	22,856
Investments	—	—	—	12,862	—	12,862
Total assets limited as to use and investments	—	—	10,173	327,703	—	337,876
Property and equipment, net	20,415	23	8,782	232,248	—	261,468
Investments in unconsolidated organizations	—	—	—	28,646	(4,898)	23,748
Goodwill and identifiable intangible assets	—	—	—	21,994	—	21,994
Due from related organizations, net	—	—	1,708	26,375	—	28,083
Other long-term assets	—	—	682	5,935	(682)	5,935
Total assets	\$ 24,265	\$ 55,945	\$ 33,958	\$ 689,292	\$ (5,580)	\$ 797,880

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclassifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Liabilities and net assets						
Current liabilities						
Compensation and benefits	\$ 3	\$ —	\$ 1,783	\$ 22,684	\$ —	\$ 24,470
Third-party liabilities	—	—	—	6,019	—	6,019
Accounts payable and accrued expenses	907	5,404	1,122	11,542	—	18,975
Current portion of long-term debt	—	—	—	12,746	—	12,746
Total current liabilities	910	5,404	2,905	52,991	—	62,210
Accrued professional liability	—	—	279	21,564	(279)	21,564
Pension obligation	—	—	—	29,520	—	29,520
Long-term compensation and benefits and other long-term liabilities	1,926	2,103	403	14,871	(403)	18,900
Capital lease obligation	—	—	—	24,320	—	24,320
Long-term debt	—	—	—	175,528	—	175,528
Total liabilities	2,836	7,507	3,587	318,794	(682)	332,042
Net assets						
Unrestricted	21,429	48,438	28,542	359,298	(4,777)	452,930
Temporarily restricted	—	—	1,829	11,200	(121)	12,908
Total net assets	21,429	48,438	30,371	370,498	(4,898)	465,838
Total liabilities and net assets	\$ 24,265	\$ 55,945	\$ 33,958	\$ 689,292	\$ (5,580)	\$ 797,880

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2013

	Bethesda Properties Inc	Senior Services a Division of Bethesda Hospital Inc	Hospice of Cincinnati Inc and Subsidiary	Bethesda Hospital Inc	Reclassifications Eliminations	Bethesda Hospital Inc and Subsidiaries Consolidated
Revenue						
Patient service revenue (net of contractual provisions and discounts)	\$ -	\$ 33,324	\$ 41,064	\$ 510,731	\$ (9,898)	\$ 575,221
Provision for bad debt	-	(243)	(17)	(40,860)	-	(41,120)
Net patient service revenue less provision for bad debts	-	33,081	41,047	469,871	(9,898)	534,101
Nonpatient (loss) revenue						
Loss from unconsolidated organizations	-	-	-	(27,512)	110	(27,402)
Operating revenue from network affiliation	-	-	-	3,097	-	3,097
Other revenue net	\$ 38	1,528	7730	18,217	(8,271)	24,942
Total revenue	\$ 38	34,609	48,877	463,673	(18,059)	534,738
Expenses						
Salaries and wages	358	8778	27,445	152,109	(6,085)	182,605
Employee benefits	106	2,186	6,960	43,645	(1,664)	51,233
Medical professional fees	-	2721	351	3,013	(181)	5,904
Purchased services	283	10786	2784	18,803	(1,485)	31,171
Supplies	431	4,332	4,032	93,701	(3,053)	99,443
Utilities	608	172	671	3,481	-	4,932
Insurance	-	-	3	(459)	(10)	(466)
Rental leases and maintenance	5	715	2,802	9,104	(2,071)	10,555
Depreciation and amortization	1,425	149	885	21,347	-	23,806
Interest	127	-	-	9,495	-	9,622
Other net	83	1,679	1,442	95,075	(3,621)	94,658
Total operating expenses	3,426	31,518	47,375	449,314	(18,170)	513,463
Income from operations	2,312	3,091	1,402	14,359	111	21,275
Nonoperating income						
Nonoperating income from network affiliation	-	-	-	1,006	-	1,006
Investment income	-	-	1,026	34,329	-	35,355
Total nonoperating income	-	-	1,026	35,335	-	36,361
Excess of revenue over expenses	2,312	3,091	2,428	49,694	111	57,636
Other changes in net assets						
Change in plan assets and benefit obligation of pension plan	-	-	-	22,041	-	22,041
Change in funded status of TriHealth Inc pension plan	-	-	-	3,662	-	3,662
Transfer to Bethesda Inc	-	-	-	(10,000)	-	(10,000)
Temporary restricted contributions and investment income	-	-	63	634	-	697
Other changes in net assets net	(834)	-	833	(511)	64	(448)
Increase in net assets	1,478	3,091	3,324	65,520	175	73,588
Net assets at beginning of year	19,951	45,347	27,047	304,978	(5,073)	392,250
Net assets at end of year	\$ 21,429	\$ 48,438	\$ 30,371	\$ 370,498	\$ (4,898)	\$ 465,838

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet (In Thousands)

June 30, 2014

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 264	\$ 1	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 265
Net patient accounts receivable less allowance of \$19,135	57,425	—	—	—	—	—	—	57,425
Other accounts receivable	1,777	—	—	—	604	—	—	2,381
Network affiliation receivable	19,203	—	—	—	—	—	—	19,203
Current portion of assets limited as to use	29,160	—	—	—	—	—	—	29,160
Inventories	3,313	—	—	—	—	—	—	3,313
Prepaid and other current assets	—	168	—	—	—	—	—	168
Due from (to) related organizations net	11,030	(24,188)	—	23,605	(131)	(2,711)	—	7,605
Total current assets	122,172	(24,019)	—	23,605	473	(2,711)	—	119,520
Assets limited as to use and investments								
Assets limited as to use								
Internally designated for capital and other funds	338,213	—	—	—	23,972	2,711	—	364,896
Restricted by donors	—	—	—	—	30,235	5,553	—	35,788
Investments	9,269	—	—	—	—	—	—	9,269
Total assets limited as to use and investments	347,482	—	—	—	54,207	8,264	—	409,953
Property and equipment net	169,240	219	24,906	2,267	—	—	—	196,632
Investments in unconsolidated organizations	147,537	—	—	1,637	—	—	(36,784)	112,390
Pension asset	9,404	—	—	—	—	—	—	9,404
Other long-term assets	20,222	—	—	—	1,632	—	—	21,854
Total assets	\$ 816,057	\$ (23,800)	\$ 24,906	\$ 27,509	\$ 56,312	\$ 5,553	\$ (36,784)	\$ 869,753

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Liabilities and net assets (deficit)								
Current liabilities								
Compensation and benefits	\$ 22,655	\$ 41	\$ —	\$ —	\$ 5	\$ —	\$ —	\$ 22,701
Third-party liabilities	5,799	—	—	—	—	—	—	5,799
Accounts payable and accrued expenses	13,282	10	—	431	216	—	—	13,939
Current portion of long-term debt	12,328	—	—	—	—	—	—	12,328
Total current liabilities	54,064	51	—	431	221	—	—	54,767
Accrued professional liability	15,803	—	—	—	—	—	—	15,803
Long-term compensation and benefits and other long-term liabilities	21,901	6	—	—	—	—	—	21,907
Capital lease obligations	11,538	—	—	—	—	—	—	11,538
Long-term debt	78,183	—	23,728	—	—	—	—	101,911
Total liabilities	181,489	57	23,728	431	221	—	—	205,926
Net assets (deficit)								
Unrestricted	634,568	(23,857)	1,178	27,078	25,856	—	(36,784)	628,039
Temporarily restricted	—	—	—	—	17,226	5,553	—	22,779
Permanently restricted	—	—	—	—	13,009	—	—	13,009
Total net assets (deficit)	634,568	(23,857)	1,178	27,078	56,091	5,553	(36,784)	663,827
Total liabilities and net assets (deficit)	\$ 816,057	\$ (23,800)	\$ 24,906	\$ 27,509	\$ 56,312	\$ 5,553	\$ (36,784)	\$ 869,753

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts in Thousands)

Year Ended June 30, 2014

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Revenue								
Patient service revenue (net of contractual provisions and discounts)	\$ 538,470	\$ —	\$ 5870	\$ —	\$ —	\$ —	\$ (18,683)	\$ 525,657
Provision for bad debt	(26,697)	—	—	—	—	—	—	(26,697)
Net patient service revenue less provision for bad debts	511,773	—	5,870	—	—	—	(18,683)	498,960
Non-patient (loss) revenue								
(Loss) income from unconsolidated organizations	(28,087)	—	—	3,235	—	—	(3,617)	(28,469)
Operating income from network affiliation	8,369	—	—	—	—	—	—	8,369
Other revenue, net	15,413	4,296	1,596	501	336	—	(1,072)	21,070
Total revenue	507,468	4,296	7,466	3,736	336	—	(23,372)	499,930
Expenses								
Salaries and wages	167,916	4,695	157	—	460	—	(8,070)	165,158
Employee benefits	42,605	1,043	43	—	114	—	(1,936)	41,869
Medical professional fees	1,876	—	—	—	—	—	(137)	1,739
Purchased services	14,735	95	56	—	178	—	(927)	14,137
Supplies	107,747	126	2,541	—	6	—	(5,328)	105,092
Utilities	4,298	3	222	—	2	—	(2)	4,523
Insurance	3,981	—	—	—	—	—	(10)	3,971
Rental, leases, and maintenance	5,642	47	—	13	2	—	(1,325)	4,379
Depreciation and amortization	19,237	68	1,384	82	—	—	—	20,771
Interest	5,795	—	546	8	—	—	—	6,349
Services provided by affiliates	6,199	—	—	—	—	—	—	6,199
Other, net	101,471	538	698	16	602	—	(2,020)	101,305
Total operating expenses	481,502	6,615	5,647	119	1,364	—	(19,755)	475,492
Income (loss) from operations	25,966	(2,319)	1,819	3,617	(1,028)	—	(3,617)	24,438
Nonoperating income								
Nonoperating income from network affiliation	10,834	—	—	—	—	—	—	10,834
Investment income	47,639	—	—	—	6,458	—	—	54,097
Total nonoperating income	58,473	—	—	—	6,458	—	—	64,931
Excess of revenue over expenses (expenses over revenue)	84,439	(2,319)	1,819	3,617	5,430	—	(3,617)	89,369
Other changes in net assets								
Change in plan assets and benefit obligation of pension plan	16,872	—	—	—	—	—	—	16,872
Change in funded status of TriHealth, Inc. pension plan	1,354	—	—	—	—	—	—	1,354
Transfer to CHI capital resource pool	(3,030)	—	—	—	—	—	—	(3,030)
Temporarily restricted contributions and investment income	—	—	—	—	3,635	44	—	3,679
Other changes in net assets, net	4,031	—	(3,862)	—	1,384	—	(1,160)	393
Increase (decrease) in net assets	103,666	(2,319)	(2,043)	3,617	10,449	44	(4,777)	108,637
Net assets (deficit) at beginning of year	530,902	(21,538)	3,221	23,461	45,642	5,509	(32,007)	555,190
Net assets (deficit) at end of year	\$ 634,568	\$ (23,857)	\$ 1,178	\$ 27,078	\$ 56,091	\$ 5,553	\$ (36,784)	\$ 663,827

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 19,535	\$ 1	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 19,536
Net patient accounts receivable less allowance of \$25,416	47,079	—	—	—	—	—	—	47,079
Other accounts receivable	3,014	—	—	—	285	—	—	3,299
Current portion of assets limited as to use	16,058	—	—	—	—	—	—	16,058
Inventories	3,420	—	—	—	—	—	—	3,420
Prepaid and other current assets	99	112	—	—	—	—	—	211
Due from (to) related organizations net	61,082	(21,889)	—	20,906	(2,641)	(2,584)	—	54,874
Total current assets	150,287	(21,776)	—	20,906	(2,356)	(2,584)	—	144,477
Assets limited as to use and investments								
Assets limited as to use								
Internally designated for capital and other funds	325,808	—	—	—	20,971	2,584	—	349,363
Restricted by donors	—	—	—	—	26,363	5,509	—	31,872
Investments	15,803	—	—	—	—	—	—	15,803
Total assets limited as to use and investments	341,611	—	—	—	47,334	8,093	—	397,038
Property and equipment net	171,283	248	26,949	2,349	—	—	—	200,829
Investments in unconsolidated organizations	55,448	—	—	637	—	—	(32,007)	24,078
Other long-term assets	22,794	—	—	—	901	—	—	23,695
Total assets	\$ 741,423	\$ (21,528)	\$ 26,949	\$ 23,892	\$ 45,879	\$ 5,509	\$ (32,007)	\$ 790,117

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Liabilities and net assets (deficit)								
Current liabilities								
Compensation and benefits	\$ 20 639	\$ –	\$ –	\$ –	\$ 4	\$ –	\$ –	\$ 20 643
Third-party liabilities	7 132	–	–	–	–	–	–	7 132
Accounts payable and accrued expenses	11 353	8	–	431	233	–	–	12 025
Network affiliation payable	4 103	–	–	–	–	–	–	4 103
Current portion of long-term debt	11 710	–	–	–	–	–	–	11 710
Total current liabilities	54 937	8	–	431	237	–	–	55 613
Accrued professional liability	15 688	–	–	–	–	–	–	15 688
Pension obligation	12 907	–	–	–	–	–	–	12 907
Long-term compensation and benefits and other long-term liabilities	24 340	2	–	–	–	–	–	24 342
Capital lease obligations	12 138	–	–	–	–	–	–	12 138
Long-term debt	90 511	–	23 728	–	–	–	–	114 239
Total liabilities	210 521	10	23 728	431	237	–	–	234 927
Net assets (deficit)								
Unrestricted	530 902	(21 538)	3 221	23 461	19 280	–	(32 007)	523 319
Temporarily restricted	–	–	–	–	13 591	5 509	–	19 100
Permanently restricted	–	–	–	–	12 771	–	–	12 771
Total net assets (deficit)	530 902	(21 538)	3 221	23 461	45 642	5 509	(32 007)	555 190
Total liabilities and net assets (deficit)	\$ 741 423	\$ (21 528)	\$ 26 949	\$ 23 892	\$ 45 879	\$ 5 509	\$ (32 007)	\$ 790 117

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2013

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclassifications/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Revenue								
Patient service revenue (net of contractual provisions and discounts)	\$ 532,585	\$ —	\$ 3,073	\$ —	\$ —	\$ —	\$ (18,250)	\$ 518,308
Provision for bad debt	(33,164)	—	—	—	—	—	—	(33,164)
Net patient service revenue less provision for bad debts	499,421	—	3,073	—	—	—	(18,250)	485,144
Non-patient (loss) revenue								
(Loss) income from unconsolidated organizations	(25,543)	—	—	1,854	—	—	(2,234)	(25,923)
Operating loss from network affiliation	(3,097)	—	—	—	—	—	—	(3,097)
Other revenue, net	22,663	3,762	1,344	490	168	—	(755)	27,672
Total revenue	493,444	3,762	5,317	2,344	168	—	(21,239)	483,796
Expenses								
Salaries and wages	157,707	4,615	132	—	436	—	(7,613)	165,267
Employee benefits	38,053	855	32	—	118	—	(1,821)	37,237
Medical professional fees	2,932	—	—	—	—	—	(128)	2,804
Purchased services	15,079	110	12	—	209	—	(1,074)	14,336
Supplies	110,950	85	2,880	—	5	—	(4,987)	108,933
Utilities	4,396	3	115	—	2	—	—	4,516
Insurance	4,555	—	—	—	—	—	(10)	4,545
Rental, leases, and maintenance	6,011	79	—	13	4	—	(1,008)	5,099
Depreciation and amortization	17,893	161	1,067	82	—	—	—	19,203
Interest	6,045	—	449	—	—	—	—	6,494
Services provided by affiliates	5,716	—	—	—	—	—	—	5,716
Other, net	98,230	491	288	15	1,337	—	(2,364)	99,997
Total operating expenses	467,657	6,300	4,975	110	2,111	—	(19,005)	462,247
Income (loss) from operations	25,787	(2,537)	342	2,234	(1,943)	—	(2,234)	21,549
Nonoperating (loss) income								
Nonoperating loss from network affiliation	(1,006)	—	—	—	—	—	—	(1,006)
Investment income	34,941	—	11	—	4,588	—	—	39,540
Total nonoperating income	33,935	—	11	—	4,588	—	—	38,534
Excess of revenue over expenses (expenses over revenue)	59,722	(2,537)	353	2,234	2,645	—	(2,234)	60,083
Other changes in net assets								
Change in plan assets and benefit obligation of pension plan	12,509	—	—	—	—	—	—	12,509
Change in funded status of TriHealth, Inc. pension plan	3,662	—	—	—	—	—	—	3,662
Transfer to CHI capital resource pool	(8,188)	—	—	—	—	—	—	(8,188)
Temporarily restricted contributions and investment income	—	—	—	—	1,584	(128)	—	1,456
Other changes in net assets, net	235	—	389	—	1,369	—	(1,225)	768
Increase (decrease) in net assets	67,940	(2,537)	742	2,234	5,598	(128)	(3,459)	70,290
Net assets (deficit) at beginning of year	462,962	(18,901)	2,479	21,227	40,044	5,637	(28,548)	484,900
Net assets (deficit) at end of year	\$ 530,902	\$ (21,538)	\$ 3,221	\$ 23,461	\$ 45,642	\$ 5,509	\$ (32,007)	\$ 555,190

* A department of The Good Samaritan Hospital of Cincinnati, Ohio

TriHealth, Inc. and Subsidiaries

Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2014

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclassifications/ Eliminations	TriHealth, Inc. Consolidated
Assets					
Current assets					
Cash and cash equivalents	\$ 1,360	\$ (634)	\$ 32,362	\$ —	\$ 33,088
Net patient accounts receivable, less allowance of \$8.116	17,314	8,343	6	—	25,663
Other accounts receivable	2,754	1	348	—	3,103
Inventories	1,480	—	—	—	1,480
Prepaid and other current assets	48	15	686	—	749
Due (to) from related organizations, net	(237,433)	(16,196)	255,854	(2,225)	—
Total current assets	(214,477)	(8,471)	289,256	(2,225)	64,083
Property and equipment, net	19,123	36,264	82,392	—	137,779
Investments in unconsolidated organizations	(92,346)	—	(108,434)	201,508	728
Goodwill and identifiable intangible assets, net	18,707	115,495	—	137	134,339
Due from related organizations, net	—	—	—	2,225	2,225
Other long-term assets	401	—	23,229	(137)	23,493
Total assets	\$ (268,592)	\$ 143,288	\$ 286,443	\$ 201,508	\$ 362,647

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclassifications/ Eliminations	TriHealth, Inc. Consolidated
Liabilities and net assets (deficit)					
Current liabilities					
Compensation and benefits	\$ 32,582	\$ 1,231	\$ 22,132	\$ –	\$ 55,945
Accounts payable and accrued expenses	7,282	2,003	9,431	–	18,716
Total current liabilities	39,864	3,234	31,563	–	74,661
Accrued professional liability	–	143	10,724	–	10,867
Pension obligation	–	–	21,444	–	21,444
Long-term compensation and benefits and other long-term liabilities	10,589	115	7,383	–	18,087
Capital lease obligation	–	26,864	–	–	26,864
Total liabilities	50,453	30,356	71,114	–	151,923
Net (deficit) assets					
Unrestricted	(319,045)	112,932	215,329	201,508	210,724
Total net (deficit) assets	(319,045)	112,932	215,329	201,508	210,724
Total liabilities and net (deficit) assets	\$ (268,592)	\$ 143,288	\$ 286,443	\$ 201,508	\$ 362,647

TriHealth, Inc and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts in Thousands)

Year Ended June 30, 2014

	TriHealth Physician Partners	TriHealth Hospital, Inc	Other TriHealth, Inc Entities	Reclassifications/ Eliminations	TriHealth, Inc Consolidated
Revenue					
Patient service revenue (net of contractual provisions and discounts)	\$ 261,642	\$ 46,277	\$ (275)	\$ —	\$ 307,644
Provision for bad debt	(9,837)	(1,068)	—	—	(10,905)
Net patient service revenue less provision for bad debts	251,805	45,209	(275)	—	296,739
Nonpatient (loss) revenue					
Loss from unconsolidated organizations	(17,645)	1,941	(18,837)	36,532	1,991
Other revenue - net	35,912	48	9,897	(645)	45,212
Total revenue (loss)	270,072	47,198	(9,215)	35,887	343,942
Expenses					
Salaries and wages	234,894	11,533	78,872	—	325,299
Employee benefits	32,692	2,453	22,730	—	57,875
Medical professional fees	655	1,517	—	—	2,172
Purchased services	10,027	1,856	24,362	—	36,245
Supplies	38,318	12,018	2,355	—	52,691
Utilities	2,098	546	6,455	—	9,099
Insurance	5,541	107	1,689	—	7,337
Rental leases and maintenance	16,282	577	19,501	(481)	35,879
Depreciation and amortization	6,725	3,225	19,282	—	29,232
Interest	—	2,368	(254)	—	2,114
Services provided by affiliates	—	—	4	—	4
Other - net	15,855	1,162	(166,167)	(164)	(149,314)
Total operating expenses	363,087	37,362	8,829	(645)	408,633
(Loss) income from operations	(93,015)	9,836	(18,044)	36,532	(64,691)
Nonoperating loss					
Investment loss	—	—	—	—	—
Total nonoperating loss	—	—	—	—	—
Excess of (expenses over revenue) revenue over expenses	(93,015)	9,836	(18,044)	36,532	(64,691)
Other changes in net (deficit) assets					
Change in plan assets and benefit obligation of pension plan	—	—	2,709	—	2,709
Contributed capital	—	518	236,795	—	237,313
(Decrease) increase in net assets	(93,015)	10,354	221,460	36,532	175,331
Net (deficit) assets at beginning of year	(226,030)	102,578	(6,131)	164,976	35,393
Net (deficit) assets at end of year	\$ (319,045)	\$ 112,932	\$ 215,329	\$ 201,508	\$ 210,724

TriHealth, Inc. and Subsidiaries

Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclassifications/ Eliminations	TriHealth, Inc. Consolidated
Assets					
Current assets					
Cash and cash equivalents	\$ 2,140	\$ —	\$ (17,513)	\$ —	\$ (15,373)
Net patient accounts receivable, less allowance of \$6.889	15,492	5,649	56	—	21,197
Other accounts receivable	2,759	3	1,432	—	4,194
Inventories	1,297	—	3	—	1,300
Prepaid and other current assets	(5)	—	65	—	60
Due (to) from related organizations, net	(155,169)	(3,731)	61,221	—	(97,679)
Total current assets	(133,486)	1,921	45,264	—	(86,301)
Property and equipment, net	13,235	33,014	86,689	—	132,938
Investments in unconsolidated organizations	(74,650)	—	(89,597)	164,976	729
Goodwill and identifiable intangible assets, net	16,441	97,667	—	—	114,108
Due from related organizations, net	—	—	435	—	435
Other long-term assets	4,261	—	19,734	—	23,995
Total assets	\$ (174,199)	\$ 132,602	\$ 62,525	\$ 164,976	\$ 185,904

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclassifications/ Eliminations	TriHealth, Inc. Consolidated
Liabilities and net assets (deficit)					
Current liabilities					
Compensation and benefits	\$ 30,788	\$ 691	\$ 17,505	\$ —	\$ 48,984
Accounts payable and accrued expenses	4,707	1,567	12,217	—	18,491
Total current liabilities	35,495	2,258	29,722	—	67,475
Accrued professional liability	3,766	36	5,095	—	8,897
Pension obligation	—	—	27,441	—	27,441
Long-term compensation and benefits and other long-term liabilities	12,570	48	6,398	—	19,016
Capital lease obligation	—	27,682	—	—	27,682
Total liabilities	51,831	30,024	68,656	—	150,511
Net (deficit) assets					
Unrestricted	(226,030)	102,578	(6,131)	164,976	35,393
Total net (deficit) assets	(226,030)	102,578	(6,131)	164,976	35,393
Total liabilities and net (deficit) assets	\$ (174,199)	\$ 132,602	\$ 62,525	\$ 164,976	\$ 185,904

TriHealth, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts in Thousands)

Year Ended June 30, 2013

	TriHealth Physician Partners	TriHealth Hospital, Inc	Other TriHealth, Inc Entities	Reclassifications/ Eliminations	TriHealth, Inc Consolidated
Revenue					
Patient service revenue (net of contractual provisions and discounts)	\$ 222,676	\$ 12,645	\$ (81)	\$ —	\$ 235,240
Provision for bad debt	(5,794)	(339)	—	—	(6,133)
Net patient service revenue less provision for bad debts	216,882	12,306	(81)	—	229,107
Nonpatient (loss) revenue					
Loss from unconsolidated organizations	(18,032)	—	(18,609)	36,695	54
Other revenue, net	28,547	233	10,102	(553)	38,329
Total revenue	227,397	12,539	(8,588)	36,142	267,490
Expenses					
Salaries and wages	199,142	4,438	69,944	—	273,524
Employee benefits	27,394	959	20,998	—	49,351
Medical professional fees	—	175	125	—	300
Purchased services	6,538	733	24,259	—	31,530
Supplies	33,980	4,143	2,019	—	40,142
Utilities	2,050	206	6,037	—	8,293
Insurance	3,759	36	1,159	—	4,954
Rental, leases and maintenance	13,721	90	20,354	(452)	33,713
Depreciation and amortization	4,751	1,333	16,462	—	22,546
Interest	—	1,198	(101)	—	1,097
Other, net	10,865	650	(151,554)	(101)	(140,140)
Total operating expenses	302,200	13,961	9,702	(553)	325,310
Loss from operations	(74,803)	(1,422)	(18,290)	36,695	(57,820)
Nonoperating loss					
Investment loss	—	—	(8)	—	(8)
Total nonoperating loss	—	—	(8)	—	(8)
Excess of expenses over revenue	(74,803)	(1,422)	(18,298)	36,695	(57,828)
Other changes in net assets					
Change in plan assets and benefit obligation of pension plan	—	—	7,324	—	7,324
Contributed capital	—	104,000	(15,281)	—	88,719
Other changes in net assets, net	33	—	(2,855)	—	(2,822)
(Decrease) increase in net assets	(74,770)	102,578	(29,110)	36,695	35,393
Net (deficit) assets at beginning of year	(151,260)	—	22,979	128,281	—
Net (deficit) assets at end of year	\$ (226,030)	\$ 102,578	\$ (6,131)	\$ 164,976	\$ 35,393

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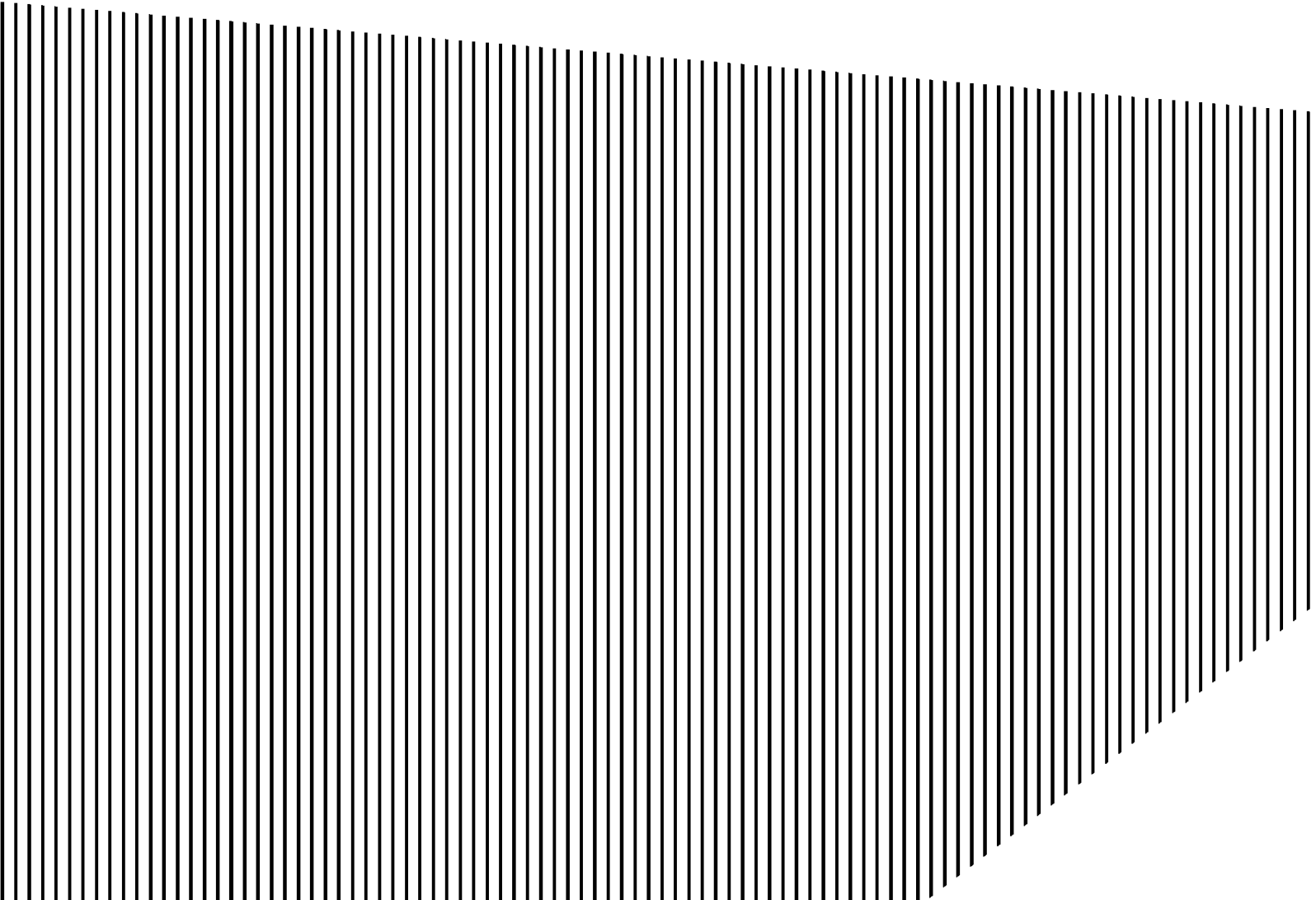
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BETHESDA HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

Overview

This Community Health Needs Assessment Implementation Strategy (“Strategy”) addresses each significant community health need identified in the Bethesda Hospital (“BH”) Community Health Needs Assessment Report (the “CHNA Report” or “Report”). The CHNA Report identified certain health needs relating to Birth Outcomes, Obesity, Chronic Health Conditions in the Low-income Latino Population, and Substance Abuse/Mental Health issues within the four counties served by BH. This Strategy describes (i) how BH intends to meet each health need (to the extent BH can meet such needs, and whether BH intends to attempt to do so), (ii) the programs and resources BH plans to commit to meeting any needs identified in (i) above, and (iii) the anticipated impact of such programs and resources on the particular health needs of the community served by BH.

Strategy

A. BH Efforts to Address Certain Significant Community Health Needs

The significant health needs below were identified in the CHNA Report, and will either be addressed or not addressed by BH’s implementation strategy as follows:

Birth Outcomes – BH will continue its focus on this health need through its health system’s sponsorship of multiple programs in its four county service area in collaboration with other existing community service organizations.

Obesity – BH will address this need in Hamilton and Butler counties. It will not at this time enter Warren or Clermont counties as the population is significantly smaller and less dense than Hamilton or Butler counties.

Latino – Low Income – with Chronic Health Conditions – BH will address this need by starting a Parish Nurse program at the hospital that will focus on Butler County, where there is a concentration of this underserved population.

Substance Abuse/Mental Health – This need will not be addressed by Bethesda North Hospital as it has a sister hospital, Good Samaritan Hospital, which is in the TriHealth, Inc. system providing care. It will not address mental health needs otherwise as there is a comprehensive outpatient program for substance abuse elsewhere in the TriHealth system.

B. Programs and Resources BH will Commit to Meeting Identified Needs

The significant health needs below were identified in the CHNA Report, and the following programs and resources will address each, as follows:

Birth Outcomes

Pregnancy Pathways: In home visits, TriHealth Community Health Workers and Parish Nurses help referred pregnant women meet prenatal goals and visits, and assist the client in overcoming challenges to a healthy pregnancy such as safe housing.

Prematurity Initiative: The Prematurity Initiative is a collaboration of the entire Greater Cincinnati community, initiated by Cincinnati Children's Hospital Medical Center and TriHealth in 2009, to reduce prematurity. The goals of the Prematurity Initiative are to:

- Align people, organizations, and efforts to reduce prematurity and infant mortality;
- Implement collaborative efforts targeting awareness and prevention at systems and grassroots levels, community-wide and in specific neighborhoods; and
- Bring new partners together with a common purpose: to improve the health of our community for future generations.

PuRPLe (Preventing Repeat Pregnancy Loss): TriHealth's PuRPLe Project provides support to women who have suffered pregnancy or infant loss by offering grief- and loss-related resources, nutrition information and preconception education. These services are provided at no cost and can be conducted in the privacy of a woman's home or place of choice for the period of one year following the loss.

B4 (Before, Between, and Beyond Pregnancy for Your Baby and You): The B4 project is a prematurity prevention program that provides interconception health education, targeted case management, and support to mothers whose infants are born at less than 32 completed weeks of gestation and receive care in Good Samaritan Hospital's Neonatal Intensive Care Unit. The goal of the program is to promote a continuum of wellness care for women in order to improve their own health and reduce their risk for recurring poor birth outcomes, including prematurity and neonatal mortality.

HOPE (Helping Opiate-Addicted Pregnant Women Evolve): Through the HOPE Program, TriHealth provides safe and non-judgmental care to chemically dependent women throughout Greater Cincinnati. The goal of HOPE is to have better birth outcomes and reduce preterm labor through developing personalized care plans for each patient. The HOPE Postpartum Care Enhancement Project is funded by the March of Dimes and builds on the capacity of the HOPE program and TriHealth's Parish Nurse Ministry and Community Health Worker (CHW) program infrastructure, to ensure the development of a postpartum care plan for

mother and infant, increase compliance with postpartum care, and support the addiction recovery process established during pregnancy.

Bethesda North OB Clinic is open to any pregnant woman needing care regardless of ability to pay.

The Ohio Collaborative to Prevent Infant Mortality, Ohio Perinatal Quality Collaborative (OPQC), Fetal and Infant Mortality Review (FIMR), and the Perinatal Community Action Team (PCAT) are four additional programs targeted to supporting positive Birth Outcomes. These are all collaborative and multi-county initiatives.

Obesity

BH will address this need with the Healthy Women | Healthy Lives screening and referral program that already covers Hamilton County and Butler County.

Latino – Low Income – with Chronic Health Conditions

Bethesda North Hospital will address this need through the expansion of the Healthy Women | Healthy Lives program and the start of a Parish Nurse program to serve the low income and underserved Latino population in Butler County.

C. Anticipated Impact of Programs and Resources on the Needs Identified

The significant health needs below were identified in the CHNA Report. BH believes the programs and resources identified in Section B will have the following anticipated impact on the health needs of its community served.

Birth Outcomes: The anticipated impact of the programs addressing these needs is two-fold: A) to expand access to care for pregnant women, and B) to educate them about appropriate prenatal care. BH believes these impacts will lead to a long-term increase in the health of the overall population with regard to this particular need.

Obesity: BH's Parish Nurse program currently does in-home health education for its clients – all of whom are in socioeconomically-challenged environments – and refers them as needed to a network of service providers. The anticipated impact of the expansion into Butler County for the first several years is the assembly of a “partner” collaborative network comprising providers of services to the underserved. BH believes this expansion will ultimately lead to a long-term increase in the health of the overall population with regard to this particular need.

BETHESDA BUTLER HOSPITAL **COMMUNITY HEALTH NEEDS ASSESSMENT** **IMPLEMENTATION STRATEGY**

Overview

This Community Health Needs Assessment Implementation Strategy (“Strategy”) addresses each significant community health need identified in the Bethesda Butler Hospital (“Bethesda Butler”) Community Health Needs Assessment Report (the “CHNA Report” or “Report”).

Established in 2000 as a physician owned, multi-specialty surgery center, Bethesda Butler was acquired by Bethesda Hospital, Inc. and brought into the TriHealth system in March of 2012. In February 2013, a seventeen-bed, twenty-four hour emergency department was added to Bethesda Butler and it now comprises full hospital services including an inpatient unit, surgery, cardiology, imaging, physical therapy and laboratory. TriHealth, Inc. was formed in 1995 as a partnership of Bethesda Hospital, Inc. and Good Samaritan Hospital of Cincinnati, Ohio. This partnership has grown into a local health system with many sites and services. The mission of Bethesda Butler and TriHealth, Inc. is to improve the health status of the community through a full range of health related services—prevention, wellness and education. A core value, Response to Community Need, supports the growth in services provided to the Bethesda Butler community.

The CHNA Report identified certain health needs relating to Birth Outcomes, Obesity, Chronic Health Conditions in the low-income Latino Population, and Substance Abuse/Mental Health issues within Butler County, the primary service area of Bethesda Butler. This Strategy describes (i) how Bethesda Butler intends to meet each health need (to the extent Bethesda Butler can meet such needs, and whether Bethesda Butler intends to attempt to do so), (ii) the programs and resources Bethesda Butler plans to commit to meeting any needs identified in (i) above, and (iii) the anticipated impact of such programs and resources on the particular health needs of the community served by Bethesda Butler.

Strategy

A. Bethesda Butler Efforts to Address Certain Significant Community Health Needs and Related Divisions.

The significant health needs below were identified in the CHNA Report will either be addressed or not addressed by Bethesda Butler’s implementation strategy as follows:

Obesity – Bethesda Butler will address this need in Butler County. It will do this by supporting and partnering with the Healthy Women Healthy Lives program already providing an annual health screening event in Butler County.

Hypertension, Diabetes and Obesity Among Low Income Latinos - Bethesda Butler will address this need by providing resources to be used by two nurses in the TriHealth Outreach Ministries (formerly Parish Nurse) program.

Substance Abuse/Mental Health – This need will not be addressed by Bethesda Butler as it has a sister hospital, Good Samaritan Hospital, which is in the TriHealth, Inc. system providing care. It will not address mental health needs otherwise as there is a comprehensive outpatient program for substance abuse elsewhere in the TriHealth system serving a broad community that includes Butler County.

Access to Dental Health Services – This need will not be addressed by Bethesda Butler as dental services are not a core of hospital competency and Bethesda Butler does not have the capacity to serve this need in Butler County. TriHealth recently opened a free dental clinic in Hamilton County, which can serve Butler County residents.

Homelessness – This need will not be addressed by Bethesda Butler hospital because it is not a core hospital competency and Bethesda Butler does not have the capacity to serve this health need in Butler County.

B. Programs and Resources Bethesda Butler will Commit to Meeting Identified Needs

The significant health needs below were identified in the CHNA Report, and the following programs and resources will address each, as follows:

Obesity

Bethesda Butler will address this need with the Healthy Women Healthy Lives screening and referral program that provides screening events and follow up service in selected sites in Hamilton County and Butler County. Healthy Women Healthy Lives will analyze and report aggregate data from its Butler County health screening, compile resources for referrals, refer to available providers for indicated follow up service.

Chronic health conditions (hypertension, diabetes, obesity) among low income Latinos

Bethesda Butler will address this need through providing in-kind support to the Healthy Women Healthy Lives program and the TriHealth Outreach Ministries program, as both will serve the low income and underserved Latino population in Butler County. The TriHealth Outreach Ministries nurses will focus on areas within Butler County with the highest concentration of this underserved population.

C. Anticipated Impact of Programs and Resources on the Needs Identified

The significant health needs below were identified in the CHNA Report. Bethesda Butler believes the programs and resources identified in Section B will have the following anticipated impact on the health needs of its community served.

Obesity: The anticipated impact of the Healthy Women Healthy Lives health screening program for minority women for the first several years is the assembly of a “partner” collaborative network comprising providers of services to the Butler County underserved, particularly in the City of Hamilton and the area immediately surrounding Bethesda Butler. Aggregate health information from the participants in the annual Butler County health screening event (in the City of Hamilton) will inform further hospital and system strategy for the underserved population experiencing the challenge of obesity.

Chronic health conditions (hypertension, diabetes, obesity) among low income Latinos

Because the TriHealth Outreach Ministries initial effort will be to establish realistic area for referrals and set processes for this new expansion of the service, the impact will be measured. That is, one anticipated impact of the TriHealth Outreach Ministries program nurses will be to compile a more detailed report of the health needs and challenges experienced by this population. Another impact will be respectful integration into and collaboration with the existing network of providers and community resources, with potential for joining in local efforts to promote healthy lifestyles.