

Form 990-T

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0087

**2017**Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

**A** ☒ Check box if address changed

**B** Exempt under section  
☒ 501(c)(3)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)

**C** Book value of all assets at end of year  
1, 127, 836, 609.

**D** Employer identification number (Employees' trust, see instructions)  
31-0537122

**E** Unrelated business activity codes (See instructions)  
621500 453000

**F** Group exemption number (See instructions.)

**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Describe the organization's primary unrelated business activity. SEE STATEMENT 1

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation. SEE STATEMENT 4 Beth 31-1108895

**J** The books are in care of MICHAEL CROFTON - VP FINANCE Telephone number 513-569-6577

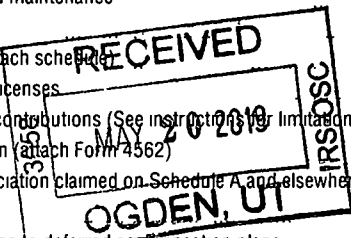
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 3,961,072.			
b	Less returns and allowances 911,404.			
c	Balance	1c 3,049,668.		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3 3,049,668.		3,049,668.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5 -632,985.		-632,985.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) SEE STATEMENT 2	12 15,673.		15,673.
13	Total. Combine lines 3 through 12	13 2,432,356.		2,432,356.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15 614,260.	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19 44,632.	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21 14,480.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 14,480.
23	Depletion	23	
24	Contributions to deferred compensation plans	24 11,949.	
25	Employee benefit programs	25 93,333.	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 3	28 2,707,178.	
29	Total deductions. Add lines 14 through 28	29 3,485,832.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 -1,053,476.	
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 5	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32 -1,053,476.	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.	
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34 -1,053,476.	

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**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and.**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).

(1) \$ 0. (2) \$ 0. (3) \$ 0.

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

\$ 0.

(2) Additional 3% tax (not more than \$100,000)

\$ 0.

**c** Income tax on the amount on line 34

35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

**37 Proxy tax.** See instructions

37

**38 Alternative minimum tax**

38

**39 Tax on Non-Compliant Facility Income.** See instructions

39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 0.

**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

**b** Other credits (see instructions)

41b

**c** General business credit. Attach Form 3800

41c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

**e** Total credits. Add lines 41a through 41d

41e

**42** Subtract line 41e from line 40

42 0.

**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

**44** Total tax. Add lines 42 and 43

44 0.

**45a** Payments: A 2016 overpayment credited to 2017

45a

**b** 2017 estimated tax payments

45b

**c** Tax deposited with Form 8868

45c

**d** Foreign organizations: Tax paid or withheld at source (see instructions)

45d

**e** Backup withholding (see instructions)

45e

**f** Credit for small employer health insurance premiums (Attach Form 8941)

45f

**g** Other credits and payments:☐ Form 2439☐ Form 4136☐ Other

Total

45g

**46** Total payments. Add lines 45a through 45g

46

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

**48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48 0.

**49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 0.

**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax

Refunded

50

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes	No
	X

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

	X
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**53** Enter the amount of tax-exempt interest received or accrued during the tax year

Sign Here

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

Signature of officer

Date 5/13/19

VP FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ALICIA JANISCH

Alicia Janisch

5/6/2019

P00741382

Firm's name DELOITTE TAX LLP

Firm's EIN 86-1065772

250 EAST FIFTH STREET, SUITE 1900

Firm's address CINCINNATI, OH 45202

Phone no. 513-784-7100

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

## (b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

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**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.  
▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

OMB No 1545-0123

**2017**

Name <b>BETHESDA HOSPITAL, INC.</b>		Employer identification number <b>31-0537122</b>
<p><b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)</p>		
1 Taxable income or (loss) before net operating loss deduction	<b>1</b>	-1,053,476.
<b>2 Adjustments and preferences:</b>		
a Depreciation of post-1986 property	<b>2a</b>	
b Amortization of certified pollution control facilities	<b>2b</b>	
c Amortization of mining exploration and development costs	<b>2c</b>	
d Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
e Adjusted gain or loss	<b>2e</b>	
f Long-term contracts	<b>2f</b>	
g Merchant marine capital construction funds	<b>2g</b>	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
i Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
j Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
k Loss limitations	<b>2k</b>	
l Depletion	<b>2l</b>	
m Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
n Intangible drilling costs	<b>2n</b>	
o Other adjustments and preferences	<b>2o</b>	
3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	<b>3</b>	-1,053,476.
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
a ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	-1,053,476.
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>	0.
c Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>	
d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
e ACE adjustment	<b>4e</b>	0.
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	-1,053,476.
6 Alternative tax net operating loss deduction. See instructions	<b>6</b>	
7 <b>Alternative minimum taxable income</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	
<b>8 Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c).		
a Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8a</b>	
b Multiply line 8a by 25% (0.25)	<b>8b</b>	
c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8c</b>	
9 Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	
10 Multiply line 9 by 20% (0.20)	<b>10</b>	
11 Alternative minimum tax foreign tax credit (AMTFTC) See instructions	<b>11</b>	
12 Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>	
13 Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	
14 <b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No 1545-0172

**2018**Attachment  
Sequence No **179**

Name(s) shown on return

BETHESDA HOSPITAL, INC &amp; 501(c)(2)SUBSIDIARY

Business or activity to which this form relates

SEE STATEMENT 1

Identifying number

31-0537486

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14,480

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life						
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,480
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>



**Bethesda Hospital, Inc. and 501(c)(2) Subsidiary**  
**Consolidating Form 990-T Detail**  
**For the Fiscal Year Ended June 30, 2018**

Form 990-T Line Number	Form 990-T Line Description	Bethesda Hospital 31-0537122	Bethesda Properties 31-1352694	Eliminations	Consolidated Form 990-T
Box C	Book Value of All Assets at End of Year	1,094,709,368	33,127,241	-	1,127,836,609

Form 990-T Line Number	Form 990-T Line Description	Bethesda Hospital 31-0537122	Bethesda Properties 31-1352694	Eliminations	Consolidated Form 990-T
1	Net receipts or sales	3,961,072	-	-	3,961,072
2	Cost of goods sold	911,404	-	-	911,404
3	Gross profit	3,049,668	-	-	3,049,668
4	Net gain or (loss)	-	-	-	-
5	Income from partnerships	(632,985)	-	-	(632,985)
6	Rent income	-	-	-	-
7	Unrelated debt-financed income	-	-	-	-
8	Income from controlled organizations	-	-	-	-
9	Investment Income	-	-	-	-
10	Exploited exempt activity income	-	-	-	-
11	Advertising income	-	-	-	-
12	Other income	15,673	-	-	15,673
13	<b>Total</b>	2,432,356	-	-	2,432,356
14	Compensation of officers	-	-	-	-
15	Salaries and wages	614,260	-	-	614,260
16	Repairs and maintenance	-	-	-	-
17	Bad debts	-	-	-	-
18	Interest	-	-	-	-
19	Taxes and licenses	44,632	-	-	44,632
20	Charitable contributions	-	-	-	-
21	Depreciation	14,480	-	-	14,480
22	Less depreciation claimed elsewhere	-	-	-	-
23	Depletion	-	-	-	-
24	Contributions to deferred compensation plans	11,949	-	-	11,949
25	Employee benefit plans	93,333	-	-	93,333
26	Excess exempt expenses	-	-	-	-
27	Excess readership costs	-	-	-	-
28	Other deductions	2,707,178	-	-	2,707,178
29	<b>Total deductions</b>	3,485,832	-	-	3,485,832
30	Unrelated business income before NOL	(1,053,476)	-	-	(1,053,476)
28	Other deductions				
	Purchased Services	154,827	-	-	154,827
	Other	2,319	-	-	2,319
	Postage	26,778	-	-	26,778
	Supplies	2,089,001	-	-	2,089,001
	Equipment lease/rental	40,784	-	-	40,784
	Indirect expense	393,469	-	-	393,469
	<b>Total</b>	2,707,178	-	-	2,707,178

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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MEDICAL LAB SERVICES  
APOTHECARY

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
EMPLOYER PROVIDED PARKING	15,673.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	15,673.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
PURCHASED SERVICES	154,827.
MISCELLANEOUS	2,319.
POSTAGE	26,778.
SUPPLIES	2,089,001.
EQUIPMENT LEASE/RENTAL	40,784.
ALLOCATIONS	393,469.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	2,707,178.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	4
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CORPORATION'S NAME	IDENTIFYING NO
BETHESDA, INC.	31-1108895

## FORM 990-T

## NET OPERATING LOSS DEDUCTION

## STATEMENT

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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/99	320,009.	0.	320,009.	320,009.
06/30/00	3,042,177.	0.	3,042,177.	3,042,177.
06/30/01	3,039,880.	0.	3,039,880.	3,039,880.
06/30/02	2,510,997.	0.	2,510,997.	2,510,997.
06/30/03	1,873,214.	0.	1,873,214.	1,873,214.
06/30/04	2,663,279.	0.	2,663,279.	2,663,279.
06/30/05	2,446,366.	0.	2,446,366.	2,446,366.
06/30/06	1,338,156.	0.	1,338,156.	1,338,156.
06/30/07	730,401.	0.	730,401.	730,401.
06/30/08	398,941.	0.	398,941.	398,941.
06/30/09	452,021.	0.	452,021.	452,021.
06/30/10	270,474.	0.	270,474.	270,474.
06/30/11	409,709.	0.	409,709.	409,709.
06/30/12	112,667.	0.	112,667.	112,667.
06/30/13	0.	0.	0.	0.
06/30/14	721,310.	0.	721,310.	721,310.
06/30/15	1,950,773.	0.	1,950,773.	1,950,773.
06/30/16	2,668,342.	0.	2,668,342.	2,668,342.
06/30/17	2,095,856.	0.	2,095,856.	2,095,856.
NOL CARRYOVER AVAILABLE THIS YEAR			27,044,572.	27,044,572.

## FORM 990-T

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT

6

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PREMIER HEALTHCARE ALLIANCE L.P.	108,103.	0.	108,103.
TRIHEALTH REHABILITATION HOSPITAL LLC	-741,088.	0.	-741,088.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-632,985.	0.	-632,985.

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT

7

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
06/30/99	320,009.	0.	320,009.
06/30/00	3,042,177.	0.	3,042,177.
06/30/01	3,039,880.	0.	3,039,880.
06/30/02	2,510,997.	0.	2,510,997.
06/30/03	1,873,214.	0.	1,873,214.
06/30/04	2,663,279.	0.	2,663,279.
06/30/05	2,446,366.	0.	2,446,366.
06/30/06	1,338,156.	0.	1,338,156.
06/30/07	730,401.	0.	730,401.
06/30/08	398,941.	0.	398,941.
06/30/09	452,021.	0.	452,021.
06/30/10	270,474.	0.	270,474.
06/30/11	409,716.	0.	409,716.
06/30/12	112,667.	0.	112,667.
06/30/13	0.	0.	0.
06/30/14	721,310.	0.	721,310.
06/30/15	1,950,773.	0.	1,950,773.
06/30/16	2,668,342.	0.	2,668,342.
06/30/17	2,095,856.	0.	2,095,856.

AMT NOL CARRYOVER AVAILABLE THIS YEAR

27,044,579.