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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2009
		Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization METHODIST MEDICAL GROUP PHYSICIANS INC		D Employer identification number 35-1814660	
		Doing Business As		E Telephone number (317) 962-4597	
		Number and street (or P O box if mail is not delivered to street address) 950 N MERIDIAN STREET SUITE 800		Room/suite	
		City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46204		G Gross receipts \$ 38,317,346	
		F Name and address of principal officer STEPHEN H POLLOM MD 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.CLARIAN.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1990		M State of legal domicile IN

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities A team of health care professionals who provide compassionate and excellent health care to citizens of Indianapolis and surrounding counties without regard to ability to pay		
	2	Check this box <input checked="" 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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5 33	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 130,294	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 4,757	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0	Current Year 0
	9	Program service revenue (Part VIII, line 2g)	41,323,570	37,732,810
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-55,112
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,336	584,536
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,440,906	38,262,234
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,296,661	32,227,235
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	21,621,645	15,257,208
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	56,918,306	47,484,443
	19	Revenue less expenses Subtract line 18 from line 12	-15,477,400	-9,222,209
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	8,210,218	4,269,490
	21	Total liabilities (Part X, line 26)	89,730,994	8,228,741
	22	Net assets or fund balances Subtract line 21 from line 20	-81,520,776	-3,959,251

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Methodist Medical Group Physicians, Inc is a team of healthcare professionals who provide compassionate and excellent care in order to enhance the total well-being of our patients and the community we serve

2

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

Yes

Yes

No

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

3

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

Yes

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code

) (Expenses \$

42,824,500

including grants of \$

0) (Revenue \$

37,732,810)

Methodist Medical Group Physicians, Inc ("MMGP") provides convenient, quality care and preventive health services to approximately 120,000 patients in its practices each year During 2009, the physicians of MMGP attended to over 320,000 office visits in over 30 office locations throughout Marion County and its surrounding counties Some of the MMGP offices are located in economically depressed areas, therefore allowing the practices to serve a population unable to fully meet its financial obligation for payment of services and to make quality healthcare accessible in these areas MMGP will provide services without regard to the patient's ability to pay and serves many Medicare and Medicaid patients MMGP provides chronic disease management programs to assist patients in developing healthy lifestyles and the medical management of diabetes, asthma, cholesterol and hypertension MMGP also provides smoking cessation programs In the area of education, some of the MMGP practices have a relationship with Indiana Vocational Technical Institute and accept students into their medical assistant and medical office degree programs MMGP physicians participate in the training and education of the Methodist Residency Program as well as serving on the teaching faculty of Methodist Hospital of Indiana Some of the practices serve as training sites for the medical students of Indiana University's Schools of Medicine and Nursing, and for pharmacy students from Purdue and Butler Universities

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








\$

42,824,500

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a51	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a331	2b	Yes
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	3	
b	Enter the number of voting members that are independent	1b	0	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CARA BREIDSTER 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204 (317) 962-4597

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN H POLLOM MD PRESIDENT/CEO/DIRECTOR	40 0	X		X				324,869	0	39,854
NORMAN G TABLER JR SECRETARY/DIRECTOR	2 0	X		X				0	3,183,529	36,422
DANIEL F EVANS JR DIRECTOR	2 0	X						0	1,101,676	828,485
KYLE L ALLEN TREASURER	40 0			X				190,204	0	16,113
ISSA SHAMMAS MD STAFF PHYSICIAN	45 0					X		343,669	0	40,913
BRADLEY WEBER MD STAFF PHYSICIAN	45 0					X		298,681	0	41,306
LOUIS STAR MD STAFF PHYSICIAN	45 0					X		297,800	0	41,100
ROBERT ARTHUR MD STAFF PHYSICIAN	45 0					X		279,572	0	21,656
WARREN HOYT MD STAFF PHYSICIAN	45 0					X		265,281	0	43,690
ROBERT E EVARD MD MD/FORMER DIRECTOR	45 0						X	206,255	0	32,520
J LEE FARR MD MD/FORMER DIRECTOR	45 0						X	138,886	0	31,100

1b	Total	2,345,217	4,285,205	1,173,159
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶87

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDISYNC HEALTH CARE SOLUTIONS 4700 SMITH ROAD SUITE A CINCINNATI, OH 45212	CONSULTING	290,091
BREMNER DUKE HC REAL ESTATE 75 REMITTANCE DRIVE SUITE 3230 CHICAGO, IL 60675	CONSTRUCTION	112,865
ECHOPOINT MEDIA 407 NORTH FULTON STREET INDIANAPOLIS, IN 46202	ADVERTISING	107,887

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶3

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			0		
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621,111	36,175,121	36,175,121	0	
	b	SHARED PROFESSIONAL FEES	541,900	485,490	355,196	130,294	
	c	CLINICAL RESEARCH	900,099	67,646	67,646	0	
	d	MANAGEMENT FEES - RELATED PARTIES	900,099	1,004,553	1,004,553	0	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			37,732,810		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			0		
	4	Income from investment of tax-exempt bond proceeds . . .			0		
	5	Royalties			0		
	6a	(i) Real		(ii) Personal			
		80,362					
		0					
		80,362					
	d	Net rental income or (loss)		80,362			80,362
	7a	(i) Securities		(ii) Other			
				0			
				55,112			
				-55,112			
	d	Net gain or (loss)		-55,112			-55,112
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b	Less direct expenses				
	c	Net income or (loss) from fundraising events . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
		b	Less direct expenses				
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
	b	Less cost of goods sold					b
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code					
11a	OTHER OPERATING REVENUE		900,099	504,174			504,174
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			504,174			
12	Total revenue. See Instructions			38,262,234	37,602,516	130,294	529,424

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	571,039	532,169	38,870	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	25,524,218	23,786,832	1,737,386	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,289,713	1,210,472	79,241	
9	Other employee benefits	3,278,249	2,900,129	378,120	
10	Payroll taxes	1,564,016	1,429,223	134,793	
11	Fees for services (non-employees)				
a	Management	429,323	429,323		
b	Legal	3,858	3,858		
c	Accounting	498,265	350,026	148,239	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,450,407	2,954,443	495,964	
12	Advertising and promotion	67,267	32,599	34,668	
13	Office expenses	1,439,586	891,405	548,181	
14	Information technology	527,784	1,380	526,404	
15	Royalties	0			
16	Occupancy	3,659,473	3,499,607	159,866	
17	Travel	32,972	28,296	4,676	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,364	1,715	649	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	841,840	570,714	271,126	
23	Insurance	667,883	632,761	35,122	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT/CHARITY CARE	512,465	512,465		
b	DRUGS AND MEDICAL SUPPLIES	2,979,070	2,957,059	22,011	
c	ALL OTHER EXPENSES	144,651	100,024	44,627	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	47,484,443	42,824,500	4,659,943	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			222,554	1	7,850
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,148,913	4	4,220,272
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			354,375	9	38,508
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	0			
	b	Less accumulated depreciation	10b	0	3,484,376	10c	0
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0	15	2,860
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,210,218	16	4,269,490
Liabilities	17	Accounts payable and accrued expenses			8,812,162	17	5,923,632
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			80,918,832	25	2,305,109
	26	Total liabilities. Add lines 17 through 25			89,730,994	26	8,228,741
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-81,520,776	27	-3,959,251
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-81,520,776	33	-3,959,251
	34	Total liabilities and net assets/fund balances			8,210,218	34	4,269,490

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization METHODIST MEDICAL GROUP PHYSICIANS INC	Employer identification number 35-1814660
--	--

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization METHODIST MEDICAL GROUP PHYSICIANS INC	Employer identification number 35-1814660
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Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings	0	0	
c	Leasehold improvements	0	0	
d	Equipment	0	0	
e	Other	0	0	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Other Liabilities	Methodist Medical Group Physicians, Inc Is a subsidiary in the consolidated financial statements of Clarian Health Partners, Inc Clarian Health Partners, Inc adopted FIN 48 in 2007 No disclosures were required under GAAP as Clarian Health Partners, Inc does not have any material tax contingencies that required disclosures in the footnotes

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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST MEDICAL GROUP PHYSICIANS INC

Employer identification number
35-1814660

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEPHEN H POLLOM MD	(i)	300,147	0	24,722	20,652	19,202	364,723	0
	(ii)	0	0	0	0	0	0	0
KYLE L ALLEN	(i)	140,505	3,500	46,199	14,531	1,582	206,317	0
	(ii)	0	0	0	0	0	0	0
NORMAN G TABLER JR	(i)	0	0	0	0	0	0	0
	(ii)	318,174	73,216	2,792,139	20,652	15,770	3,219,951	2,589,361
DANIEL F EVANS JR	(i)	0	0	0	0	0	0	0
	(ii)	884,079	162,698	54,899	804,785	23,700	1,930,161	0
ISSA SHAMMAS MD	(i)	320,014	0	23,655	20,652	20,261	384,582	0
	(ii)	0	0	0	0	0	0	0
BRADLEY WEBER MD	(i)	267,386	0	31,295	20,652	20,654	339,987	0
	(ii)	0	0	0	0	0	0	0
LOUIS STAR MD	(i)	296,729	0	1,071	20,652	20,448	338,900	0
	(ii)	0	0	0	0	0	0	0
ROBERT ARTHUR MD	(i)	260,531	0	19,041	20,652	1,004	301,228	0
	(ii)	0	0	0	0	0	0	0
WARREN HOYT MD	(i)	241,625	0	23,656	20,652	23,038	308,971	0
	(ii)	0	0	0	0	0	0	0
ROBERT E EVARD MD	(i)	193,315	0	12,940	16,584	15,936	238,775	0
	(ii)	0	0	0	0	0	0	0
J LEE FARR MD	(i)	116,914	0	21,972	9,510	21,590	169,986	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Part I - Questions Regarding Compensation	Line 4B	Daniel F. Evans Jr. and Norman G. Tabler Jr. participate in a Clarian Health Partners, Inc. supplemental retirement plan, provisions of which are designed to retain these critical employees. The plan provides for an additional retirement benefit for service through normal retirement or other key dates. If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced. Daniel F. Evans, Jr. has an amount included in column c, deferred compensation, representing the current year increase in the accrued benefit and/or current year contributions. No amount was actually paid to Daniel F. Evans, Jr. during the year. For Norman G. Tabler, Jr., the amount of the current year increase in the accrued benefit and/or current year contributions was included in the supplemental retirement plan vested payout reported in column b.

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization METHODIST MEDICAL GROUP PHYSICIANS INC	Employer identification number 35-1814660
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____			
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CLARIAN HEALTH NORTH LLC	SEE SCHEDULE O	242,915	PERFORMANCE OF SERVICES		No
CLARIAN HEALTH WEST LLC	SEE SCHEDULE O	437,699	PERFORMANCE OF SERVICES		No
CLARIAN HEALTH RISK RETENTION GROUP	SEE SCHEDULE O	700,562	PURCHASE OF INSURANCE		No

SCHEDULE N (Form 990 or 990-EZ)	Liquidation, Termination, Dissolution or Significant Disposition of Assets ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions or plans. ▶ Attach to Form 990 or 990-EZ.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization METHODIST MEDICAL GROUP PHYSICIANS INC	Employer identification number 35-1814660
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Part I

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed. 📎

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
---	---	-------------------------	--	---	---------------------	----------------------------------	--

2	Did or will any officer, director, trustee, or key employee of the organization		Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

Part I

Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

3

Yes

No

4a

Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?

4a

Yes

No

b

(If "Yes," provide the date of the letter

12-31-2009

)

Yes

No

5a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

5a

Yes

No

b

If "Yes," did the organization provide such notice?

5b

Yes

No

6

Did the organization discharge or pay all liabilities in accordance with state laws?

6

Yes

No

7a

Did the organization have any tax-exempt bonds outstanding during the year?

7a

Yes

No

b

Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

7b

Yes

No

c

If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Part II

Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	BUILDINGS, LEASEHOLD IMPROVEMENTS, EQUIP	12-31-2009	2,839,116	NET BOOK VALUE	35-1747218	INDIANA UNIVERSITY HEALTH CARE ASSO 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS,IN 46204	501(C)(3)

2

Did or will any officer, director, trustee, or key employee of the organization

Yes

No

a

Become a director or trustee of a successor or transferee organization?

2a

Yes

No

b

Become an employee of, or independent contractor for, a successor or transferee organization?

2b

Yes

No

c

Become a direct or indirect owner of a successor or transferee organization?

2c

Yes

No

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

2d

Yes

No

e

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Identifier	Return Reference	Explanation
Part II, Line 2E	Supplemental Information	Stephen H. Pollom, M.D., President & CEO, and Kyle L. Allen, Treasurer, became employees of Indiana University Health Care Associates, Inc., a related 501(c)(3) tax-exempt organization, subsequent to the purchase agreement between Methodist Medical Group Physicians, Inc. and Indiana University Health Care Associates, Inc. No compensation will be received by any individuals associated with Methodist Medical Group Physicians, Inc. due to the purchase agreement other than compensation for future services rendered as employees of Indiana University Health Care Associates, Inc.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316028070	
SCHEDULE O (Form 990)	Supplemental Information to Form 990				OMB No 1545-0047
					2009
	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.				Open to Public Inspection
Name of the organization METHODIST MEDICAL GROUP PHYSICIANS INC				Employer identification number 35-1814660	

Identifier	Return Reference	Explanation
Part III	Line 3 - Significant changes to program services	On December 31, 2009, Methodist Medical Group Physicians, Inc ("MMGP") entered into a transaction with Indiana University Health Care Associates, Inc ("IUHCA"), a related 501(c)(3) tax-exempt organization, w hereby IUHCA w ould purchase certain assets used in MMGP's physician practice In conjunction with the purchase of MMGP's assets, IUHCA also entered into employment contracts with certain individuals previously employed by MMGP The effect of these transactions is that IUHCA will continue the program services of MMGP while MMGP's program services will cease in the near future
Part VI, Section A - Governing Body and Management	Line 1B - Number of Voting Members That Are Independent	Methodist Medical Group Physicians, Inc is part of a multi-entity hospital system controlled by Clarian Health Partners, Inc , a 501(c)(3) exempt organization whose board is comprised of voting members of which substantially all are independent community members
Part VI, Section A - Governing Body and Management	Line 2 - Family or Business Relationships	Daniel F Evans, Jr is an officer and serves on the board of directors of Clarian Health Partners, Inc and Norman G Tabler, Jr is an officer of Clarian Health Partners, Inc Daniel F Evans, Jr and Norman G Tabler, Jr serve on the board of directors of Clarian Health West, LLC No additional compensation is provided Daniel F Evans, Jr and Stephen H Pollom, MD serve on the board of directors of of M-Plan, Inc No additional compensation is provided
Part VI, Section A - Governing Body and Management	Line 6, 7A and 7B - Members or Stockholders	Line 6 The sole member of Methodist Medical Group Physicians, Inc ("MMGP") is Methodist Medical Group, Inc ("MMG"), a 501(c)(3) tax-exempt organization Line 7A The Corporation shall have no less than three (3) nor more than nine (9) directors elected by MMG, as the sole member Line 7B Notw ithstanding any other provisions of the Articles of Incorporation or any provision of MMGP's Bylaw s, the follow ing matters require the approval of Clarian Health Partners, Inc ("Clarian"), as the parent of MMG, the sole member of MMGP, prior to implementation - Any amendment to the Articles of Incorporation or Bylaw s of MMGP, - Adoption or revision of any operating or capital budget of MMGP, - A merger or consolidation of MMGP, - Any sale, lease, exchange, conveyance, mortgage, pledge or other disposition of a substantial portion of the property, assets or interests of MMGP, other than pursuant to a budget approved by Clarian, - Any incurrence of debt by, or the creation of any lien upon the property or revenues of, MMGP other than in the ordinary course of business or pursuant to a budget approved by Clarian Notw ithstanding any other provisions of the Articles of Incorporation, or any provision of MMGP's Bylaw s, Clarian shall have the pow er to direct the Board of MMGP to do any of the follow ing - Transfer property of MMGP in amounts sufficient to pay the principal and interest of any obligation of Clarian, and - Take such actions as are required in order for MMGP to comply with the covenants contained in any financing document to w hich Clarian is a party or under w hich Clarian is bound
Part VI, Section A - Governing Body and Management	Line 11A - Review of Form 990	Methodist Medical Group Physicians, Inc has established the follow ing process for review ing the Form 990 The Form 990 and related schedules are review ed by the Treasurer After the Treasurer approves the Form 990 and related schedules, a finalized complete Form 990 is made available to each board member on a protected intranet site prior to filing the form with the IRS Each member is informed of the availability of the tax department to answe r any questions
Part VI, Section B - Policies	Line 12C - Conflict of Interest Policy	Methodist Medical Group Physicians, Inc has a Conflict of Interest Policy, the purpose of w hich is, to protect Methodist Medical Group Physicians, Inc 's interests w hen it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director, physician or employee All executive management, physicians, directors, practice administrators, purchasing, and human resources staff, is required to annually sign a statement w hich affirms that such person (1) has received a copy of the conflict of interest policy, (2) has read and understands the policy, (3) has agreed to comply with the policy, and (4) understands and acknow ledges that the Corporation is a tax-exempt organization and that in order to maintain its federal tax exemption it must engage primarily in activities w hich accomplish one or more of its tax-exempt purposes The policy requires all forms be submitted to the Human Resources department and a review committee to review and approve Failure to complete and update the questionnaire and failure to disclose interests that should be disclosed, may subject the individual to disciplinary actions, including dismssal
Part VI, Section B - Policies	Line 15 - Process for Determing Compensation	Methodist Medical Group Physicians, Inc ("MMGP") has a process in place to determine the compensation for its President and CEO, as well as for its Treasurer MMGP uses an independent compensation consultant who utilizes a variety of methods and procedures to obtain reasonable compensation ranges for comparable officer and employee positions The independent compensation consultant provides MMGP with recommended compensation ranges for its CEO/President and Treasurer, w hich are then used as a guide for setting compensation by the Board of Directors This process was last performed for the CEO/President and for the Treasurer in 2004 Since that time, both positions have received increases commensurate with the Clarian Health Partners, a related 501(c)(3) organization, general employee wage increase annually Compensation changes of the CEO/ President and Treasurer are subject to the review and approval of the Board of Directors The Board's decisions are documented in the Board's minutes
Part VI, Section C - Disclosures	Line 19 - Public Disclosure	Methodist Medical Group Physicians, Inc 's governing documents are available to the public through the Indiana Secretary of State's web-site Methodist Medical Group Physicians, Inc 's conflict of interest policy is described on Form 990, Schedule O Methodist Medical Group Physicians, Inc does not receive separate audited financial statements, but is a consolidated subsidiary in the consolidated financial statements for Clarian Health Partners, Inc The consolidated financial statements for Clarian Health Partners, Inc are available to the public through its bond filings

Identifier	Return Reference	Explanation
Part VII, Section A	Line 1a, Column (B) - Average hours per week	Norman G Tabler, Jr is the Senior Vice President and General Counsel for Clarian Health Partners, Inc and devotes 55 hours per week Daniel F Evans, Jr is the President and Chief Executive Officer for Clarian Health Partners, Inc and devotes 55 hours per week

Part VII, Section A Former Directors Robert E. Evard, M.D. and J. Lee Farr, M.D. receive compensation for services provided as employees of Methodist Medical Group Physicians, Inc. They do not receive compensation related to their status as former board members. Part X - Balance Sheet Line 27 - Unrestricted Net Assets During 2009, Clarian Health Partners, Inc. ("Clarian"), a related exempt organization, made an equity transfer to Methodist Medical Group Physicians, Inc. ("MMGP") of \$86,783,734. Throughout the existence of MMGP, Clarian has provided funds to support MMGP's exempt purpose. Although there was never an intent for MMGP to repay Clarian, these amounts were recorded as intercompany balances rather than equity transfers. During 2009, Clarian and MMGP made adjustments to their books and records to reflect these intercompany balances as equity transfers for both book and tax purposes. Schedule L, Part IV Business Transactions Involving Interested Persons Daniel F. Evans, Jr. serves on the board of directors of Clarian Health North, LLC and Clarian Health West, LLC. Methodist Medical Group Physicians, Inc. provides services to Clarian Health North, LLC and Clarian Health West, LLC and is compensated for such services on an arm's length basis. Norman G. Tabler, Jr. is an officer and serves on the board of directors of Clarian Health Risk Retention Group, Inc. Methodist Medical Group Physicians, Inc. purchases insurance from Clarian Health Risk Retention Group, Inc. on an arm's length basis.

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

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

Employer identification number

35-1814660

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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See Additional Data Table

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

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

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

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

Yes

Yes

Yes

Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	CLARIAN HEALTH WEST LLC	K	437,699
(2)	METHODIST OCCUPATIONAL HEALTH CTRS INC	K	271,163
(3)	CLARIAN HEALTH NORTH LLC	K	242,915
(4)	INDIANA RADIOLOGY PARTNERS INC	K	64,450
(5)	INDIANA UNIVERSITY HEALTH CARE ASSOCIATES	H	2,839,116
(6)	CLARIAN HEALTH RISK RETENTION GROUP INC	Q	700,562

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 35-1814660

Name: METHODIST MEDICAL GROUP PHYSICIANS INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CLARIAN HEALTH PARTNERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1955872	HEALTHCARE	IN	501(C)(3)	3	NA
CLARIAN ARNETT HEALTH SYSTEM INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 26-3162145	HEALTHCARE	IN	501(C)(3)	3	NA
CLARIAN TRANSPLANT INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 13-4350599	HEALTHCARE	IN	501(C)(3)	9	NA
EMERGENCY MEDICAL GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1932442	HEALTHCARE	IN	501(C)(3)	3	NA
INDIANA RADIOLOGY PARTNERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 20-1017034	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST HEALTH FOUNDATION INC 1800 NORTH CAPITOL AVENUE INDIANAPOLIS, IN46202 35-6043086	FUNDRAISING	IN	501(C)(3)	11	NA
METHODIST HEALTH GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-0876390	HEALTHCARE	IN	501(C)(3)	11	NA
METHODIST MEDICAL GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1945384	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST OCCUPATIONAL HEALTH CTRS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1844176	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST RESEARCH INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-2023710	HEALTHCARE	IN	501(C)(3)	11	NA
MH HEALTHCARE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1766531	HEALTHCARE	IN	501(C)(3)	3	NA
BEDFORD REGIONAL MEDICAL CENTER INC 2900 WEST 16TH STREET BEDFORD, IN47421 23-7042323	HEALTHCARE	IN	501(C)(3)	3	NA
GOSHEN HEALTH SYSTEM INC 200 HIGH PARK AVENUE GOSHEN, IN46527 35-1974765	HEALTHCARE	IN	501(C)(3)	11	NA
GOSHEN HOSPITAL ASSOCIATION INC 200 HIGH PARK AVENUE GOSHEN, IN46527 35-6001540	HEALTHCARE	IN	501(C)(3)	3	NA
LAPORTE REGIONAL HEALTH SYSTEM INC 1007 LINCOLNWAY LAPORTE, IN46350 35-1125434	HEALTHCARE	IN	501(C)(3)	3	NA
LAPORTE REGIONAL PHYSICIAN NETWORK INC 1007 LINCOLNWAY LAPORTE, IN46350 31-1070868	HEALTHCARE	IN	501(C)(3)	3	NA
TIPTON HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 26-2772226	HEALTHCARE	IN	501(C)(3)	3	NA
BALL MEMORIAL HOSPITAL INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-0867958	HEALTHCARE	IN	501(C)(3)	3	NA
BLACKFORD COMMUNITY HOSPITAL INC 410 PILGRIM BOULEVARD HARTFORD CITY, IN47348 01-0646166	HEALTHCARE	IN	501(C)(3)	3	NA
BLOOMINGTON HOSPITAL OF ORANGE COUNTY PO BOX 499 PAOLI, IN47454 35-2090919	HEALTHCARE	IN	501(C)(3)	3	NA
BLOOMINGTON HOSPITAL SYSTEM INC PO BOX 1149 BLOOMINGTON, IN47402 35-1720796	HEALTHCARE	IN	501(C)(3)	3	NA
BMH AUXILIARY INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-6025400	HEALTHCARE	IN	501(C)(3)	11	NA
HEALTHCARE CONNECTIONS INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1925641	HEALTHCARE	IN	501(C)(3)	9	NA
INDIANA UNIVERSITY HEALTHCARE ASSOCIATES 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1747218	HEALTHCARE	IN	501(C)(3)	9	NA
MIDWEST HEALTH STRATEGIES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 61-1415688	HEALTHCARE	IN	501(C)(3)	3	NA
RADIATION ONCOLOGY RESOURCES INC 200 HIGH PARK AVENUE GOSHEN, IN46527 26-2008424	HEALTHCARE	IN	501(C)(3)	3	NA
THE BMH FOUNDATION INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 31-1111784	FUNDRAISING	IN	501(C)(3)	11	NA

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
								Yes	No		Yes	No
CLARIAN HEALTH NETWORK LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 35-2055030	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
CLARIAN HEALTH NORTH LLC 11700 NORTH MERIDIAN STREET CARMEL, IN46032 43-1980602	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
CLARIAN HEALTH VENTURES FUND I LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 26-2523206	VENTURE CAP	IN	NA	N/A	0	0	0		No	0		No
CLARIAN HEALTH WEST LLC 1111 N RONALD REAGAN PARKWAY AVON, IN46123 43-1980611	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
HEALTH VENTURE MANAGEMENT LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 20-5740218	MGMT SERVICES	IN	NA	N/A	0	0	0		No	0		No
INDIANA ENDOSCOPY CENTERS LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 20-8398421	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
INDIANA LAKES MANAGED CARE ORG LLC PO BOX 139 GOSHEN, IN46526 35-1946663	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
SENATE STREET SURGERY CENTER LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 42-1709357	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
THE HEALTHCARE GROUP LLC 1776 N MERIDIAN STREET SUITE 300 INDIANAPOLIS, IN46202 35-2067373	MANAGED CARE	IN	NA	N/A	0	0	0		No	0		No
BALL OUTPATIENT SURGERY CENTER LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 27-0275794	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
CARDINAL HEALTH INITIATIVES LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 30-0102702	PURCHASING	IN	NA	N/A	0	0	0		No	0		No
MID-AMERICA SURGERY CENTER LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-2002953	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
BMH OUTPATIENT SURGERY SERVICES LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 20-4567998	HEALTHCARE	IN	NA	N/A	0	0	0		No	0		No
CHV FUND MANAGEMENT LLC 950 NORTH MERIDIAN STREET SUITE 80 INDIANAPOLIS, IN46204 26-2523151	VENTURE CAP	IN	NA	N/A	0	0	0		No	0		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CH ASSURANCE LTD 3RD FLOOR BARCLAYS HOUSE GEORGETOWN, GRAND CAYMAN CJ 98-0395429	INSURANCE	CJ	NA	C	0	0	0 %
CLARIAN HEALTH PLANS INC 1776 MERIDIAN STREET SUITE 300 INDIANAPOLIS, IN46202 26-2127080	HMO	IN	NA	C	0	0	0 %
CLARIAN HEALTH VENT INC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 26-0752507	VENTURE CAP	IN	NA	C	0	0	0 %
CLARIAN RISK PUR GRP INC 151 MEETING STREET SUITE 301 CHARLESTON, SC29401 26-0202446	INSURANCE	IN	NA	C	0	0	0 %
CLAR HLTH RSK RET GRP INC 151 MEETING STREET SUITE 301 CHARLESTON, SC29401 20-1107674	INSURANCE	SC	NA	C	0	0	0 %
M-PLAN INC 1776 N MERIDIAN STREET SUITE 300 INDIANAPOLIS, SC46204 35-1772506	HMO	IN	NA	C	0	0	0 %
OCC-HEALTH REV SYS INC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 20-3308057	WORK COMP PPO	IN	NA	C	0	0	0 %
PARKMOR DRUG INC 1501 SOUTH MAIN STREET GOSHEN, IN46526 13-1394980	PHARMACY SALES	IN	NA	C	0	0	0 %
BMH MEDICAL PAV ASSOC INC 2525 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1858408	CONDO MGMT	IN	NA	C	0	0	0 %
CARDINAL HEALTH VENT INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1611424	MGMT	IN	NA	C	0	0	0 %
PILR INC 200 HIGH PARK AVENUE GOSHEN, IN46526 20-4294750	DEVELOPMENT	IN	NA	C	0	0	0 %
SOUTHERN INDIANA MEDICAL GRP PO BOX 1149 BLOOMINGTON, IN47402 35-1913875	HEALTHCARE	IN	NA	C	0	0	0 %

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) CLARIAN HEALTH WEST LLC	K	437,699
(2) METHODIST OCCUPATIONAL HEALTH CTRS INC	K	271,163
(3) CLARIAN HEALTH NORTH LLC	K	242,915
(4) INDIANA RADIOLOGY PARTNERS INC	K	64,450
(5) INDIANA UNIVERSITY HEALTH CARE ASSOCIATES	H	2,839,116
(6) CLARIAN HEALTH RISK RETENTION GROUP INC	Q	700,562