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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
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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 LEBONHEUR HEALTHCARE	D Employer identification number 58-1454711	
		Doing Business As		E Telephone number (901) 516-0543
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 181,713,776
		1211 UNION AVENUE No 700		
	City or town, state or country, and ZIP + 4 MEMPHIS, TN 38104			
F Name and address of principal officer chris mclean 122 UNION AVENUE MEMPHIS, TN 38104		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.METHODISTHEALTH.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 1982	
			M State of legal domicile TN	

Part I	Summary
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Activities & Governance	1	Briefly describe the organization’s mission or most significant activities Methodist Le Bonheur Hospitals in partnership with its medical staff is the premier, comprehensive healthcare provider serving patients and families in its surrounding communities. High quality, patient and family centered care is provided in a personalized environment		
	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	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of employees (Part V, line 2a)	5	966
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	887,776
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,136,703	701,948
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,713,740	18,114,810
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-96,119,758	35,256,899
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,715,402	116,214,915
			18,446,087	170,288,572
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	199,524,540	91,704,840
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	49,416,800	53,980,727
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	248,941,340	145,685,567
	19	Revenue less expenses. Subtract line 18 from line 12	-230,495,253	24,603,005
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	763,840,671	790,766,522
	21	Total liabilities (Part X, line 26)	882,532,821	801,849,025
	22	Net assets or fund balances. Subtract line 21 from line 20	-118,692,150	-11,082,503

Part II	Signature Block
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Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-11-12 Date	
	chris mclean SRVP FINANCE ASSISTANT TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 2010-11-12	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	THOMPSON DUNAVANT PLC 5100 POPLAR AVENUE THIRTIETH FLOOR MEMPHIS, TN 38137		EIN ▶ Phone no ▶ (901) 685-5575

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

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

The mission and value statement of Methodist Healthcare and its related companies are the following Methodist Le Bonheur Healthcare, in partnership with its medical staffs, will be the leader in providing high quality, cost effective health care to benefit the communities we serve Services will be provided in a manner which supports the health ministries and social principles of The United Methodist Church

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 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 \$ 19,670,158 including grants of \$) (Revenue \$ 17,887,369)
	Methodist Le Bonheur Healthcare (MLH) is an integrated healthcare delivery system based in Memphis, Tennessee It was founded in 1918 by The United Methodist Church to help meet the growing needs for quality healthcare in the Mid-South Since then, MLH has grown from one hospital into an integrated seven-hospital system that includes a home health agency, ambulatory surgery centers, and outpatient facilities serving the Memphis area A complete summary of MLH program accomplishments and community benefit is provided on Schedule O Notable Achievements in 2009-MLH continues to be the largest provider of TennCare services in the state -MLH provides over \$125 million of net community benefit expense to Charity, Medicaid, TennCare, Medical Education, and community services Net community benefit expense is calculated using a standard approach as required for government benefit reporting For several years, Methodist has been named in Modern Healthcare magazine, as being among the Top 100 Integrated Healthcare Networks in the country Affiliated with the Memphis, Mississippi and Arkansas Conferences of The United Methodist Church, Methodist Healthcare combines a dedication to the art of healing with a Christ-centered commitment to minister to the whole person Methodist Hospitals of Memphis Healthcare (MHMH) consist of five hospitals in the Memphis area that are licensed as one entity MHMH is the third largest hospital in the country With approximately 10,000 associates, MLH is the second largest private employer in Memphis MLH concentrates on the following major areas in healthcare neurosciences, transplant, cardiology, cancer and pediatrics Methodist Le Bonheur Healthcare is the first hospital system in Memphis to achieve the designation of Accredited Chest Pain Centers with Percutaneous Intervention (PCI) at all of its' adult hospitals

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	MLH operates the following separately licensed hospitals Methodist Healthcare-Memphis Hospitals EIN 62-0479367Methodist Extended Care Hospital EIN 62-1518342 located within the Memphis University Hospital is a long-term, 36-bed acute care facility that serves as a "hospital within a hospital "Methodist Fayette Hospital EIN 62-0862334 located just outside Memphis in Somerville, Tenn , is a 46-bed community hospital offering inpatient and outpatient services to the residents of Fayette county and surrounding rural areas See the Form 990's for each hospital for a full explanation of program accomplishments and community benefits









4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	MLH operates the following foundations to raise and manage charitable funds to support the mission and vision of MLH See the form 990's for each foundation for a full explanation of program accomplishments and community benefits Methodist Healthcare Foundation EIN 23-7320638Le Bonheur Childrens Medical Center Foundation EIN 62-1872938Le Bonheur Community Outreach EIN 62-1251288

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses \$ 19,670,158
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Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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	1a	193	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	966	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .		
1b	Enter the number of voting members that are independent . . .		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" 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 ▶ SUE WAUGH 1211 UNION AVENUE memphis, TN 38104 (901) 516-0656

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

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

Form **990** (2009)

1b	Total	9,080,527	1,161,561	1,917,723
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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▶96

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
OR NURSES INC 9037 POPLAR AVENUE STE 103A GERMANTOWN, TN 381387854	NURSE SERVICES	1,178,158
CS2 ADVERTISING 400 UNION AVENUE MEMPHIS, TN 381033216	ADVERTISING SERVICES	1,104,270
BELZ INVESTCO GROUP PO BOX 3661 MEMPHIS, TN 381730661	LEASE SERVICES	801,020
UNIVERSITY OF TENNESSEE COLLEGE 877 MADISON AVE RM 627 MEMPHIS, TN 381633408	CONTRACT SERVICES	800,000
SAP AMERICA INC PO BOX 7780-4024 NEWTON SQUARE, PA 191824024	IT SERVICES	567,803

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 ▶101

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	701,948				
	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			701,948			
Program Service Revenue			Business Code					
	2a	mhm	900,099	17,442,503	17,442,503			
	b	OTHER	900,099	245,529	245,529			
	c	FAYETTE HOSPITAL	900,099	232,703	232,703			
	d	ALLIANCE	900,099	122,080	122,080			
	e	CCA	900,099	70,225	70,225			
	f	All other program service revenue		1,770	1,770			
	g	Total. Add lines 2a-2f			18,114,810			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		778,196						
		778,196						
	d	Net rental income or (loss)			778,196		778,196	
	7a	(i) Securities		(ii) Other				
		46,676,243		5,860				
		9,596,653		1,828,551				
		37,079,590		-1,822,691				
	d	Net gain or (loss)			35,256,899		35,256,899	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Mgt/Gen-AFFILIATES		561,000	111,329,484			111,329,484	
b	MISC REVENUE		900,099	2,541,079		906,234	1,634,845	
c	K-1 PREMIER PURCHASING		423,000	2,498,729		-20,458	2,519,187	
d	All other revenue			-932,573	-227,441	2,000	-707,132	
e	Total. Add lines 11a-11d			115,436,719				
12	Total revenue. See Instructions			170,288,572	17,887,369	887,776	150,811,479	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,842,066		6,842,066	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,051,265	7,780,500	50,270,765	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,902,358		11,902,358	
9	Other employee benefits	10,738,738	1,302,661	9,436,077	
10	Payroll taxes	4,170,413	571,485	3,598,928	
11	Fees for services (non-employees)				
a	Management				
b	Legal	-31,493		-31,493	
c	Accounting	52,460		52,460	
d	Lobbying	473,343		473,343	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,792,105	191,579	8,600,526	
12	Advertising and promotion	1,986,205		1,986,205	
13	Office expenses	9,638,363	3,337,380	6,300,983	
14	Information technology	9,259,522	1,717,517	7,542,005	
15	Royalties				
16	Occupancy	4,129,631	411,516	3,718,115	
17	Travel	451,196	66,489	384,707	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	218,399	88,812	129,587	
20	Interest	-2,608,437		-2,608,437	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,579,960		13,579,960	
23	Insurance	446,736	18,746	427,990	
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	REPAIRS & MAINTENANCE	6,740,805	4,181,414	2,559,391	
b	DUES & SUBSCRIPTIONS	412,302	2,059	410,243	
c	MISC EXPENSE	376,856		376,856	
d	LEASE-VEHICLES	62,774		62,774	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	145,685,567	19,670,158	126,015,409	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			38,887	1	999
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			33,198,266	4	32,784,728
	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			70,244	8	67,366
	9	Prepaid expenses and deferred charges			2,247,572	9	1,616,078
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	138,470,248			
	b	Less accumulated depreciation	10b	78,217,508	66,212,754	10c	60,252,740
	11	Investments—publicly traded securities			491,667,605	11	582,639,856
	12	Investments—other securities See Part IV, line 11			46,813,088	12	55,519,899
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			123,592,255	15	57,884,856
	16	Total assets. Add lines 1 through 15 (must equal line 34)			763,840,671	16	790,766,522
Liabilities	17	Accounts payable and accrued expenses			104,248,007	17	86,635,090
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			556,716,220	20	550,843,220
	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			70,925	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			221,497,669	25	164,370,715
	26	Total liabilities. Add lines 17 through 25			882,532,821	26	801,849,025
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			-118,692,150	27	-11,082,503
	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			-118,692,150	33	-11,082,503
	34	Total liabilities and net assets/fund balances			763,840,671	34	790,766,522

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? . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a	Yes
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 . . .	3b	Yes

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 LEBONHEUR HEALTHCARE	Employer identification number 58-1454711
--	--

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)		No
11g(ii)		No
11g(iii)		No

(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	
See Additional Data Table									
Total									129,191,733

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

Explanation
Schedule A, Part IV, Supplemental Information METHODIST LEBONHEUR HEALTHCARE PROVIDES THE FOLLOWING SUPPORT THROUGHOUT THE YEAR FOR RELATED ENTITIES A LAUNDRY B TRANSCRIPTION C RENT D BIOMED/RAD E TELEPHONE SERVICE AND MAINTENANCE F PRINTING G MANAGEMENT AND GENERAL ADMIN

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

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Inspection

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

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

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

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

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

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

Name of the organization METHODIST LEBONHEUR HEALTHCARE	Employer identification number 58-1454711
--	--

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

- 1

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

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

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

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

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

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		473,342
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				473,342
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Harold Ford and Co LLC - \$210,000, Thompson & Associates - \$70,335, Baker Donelson Bearman & Caldwell - \$50,537, Farris, Mathews, Branam & Helen Dean White \$34,000, Redwing Group - \$60,200, Cooley Public Strategies - \$62,370, Tennessee Ethics Commission - \$900, Connecticut General Life Insurance Company - (\$15,000)

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 LEBONHEUR HEALTHCARE	Employer identification number 58-1454711
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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)

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

	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		13,594,298		13,594,298
b Buildings		23,022,230	2,361,892	20,660,338
c Leasehold improvements		2,813,333	2,169,155	644,178
d Equipment		99,040,387	73,686,461	25,353,926
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				60,252,740

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
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
METHODIST LEBONHEUR HEALTHCARE

Employer identification number

58-1454711

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 checked="" 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	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
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 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?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	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?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	GARY SHORB - \$8,630
	Part I, Line 4a	CECELIA W SAWYER - \$267,262, DONNA HERRIN - \$100,000, MARYLOU GUINLE - \$192,307 PART I, LINE 4B GARY SHORB - \$91,668, LARRY SPRATLIN - \$33,465, CHRIS MCLEAN - \$30,695, DONNA ABNEY - \$31,026, CAROL E ROSS-SPANG - \$21,301, LARRY M FOGARTY - \$10,892, ANDREW FOWLER - \$27,362, JERRY C MALIOT - \$22,290, STEPHEN MILLER - \$253,169, GAIL THURMOND - \$217,177, DAVID E ROSENBAUM - \$6,567, MICHAEL NESBIT - \$26,366, MICHELL COLLIS - \$4,874, CECELIA SAWYER - \$72,519, DONNA HERRIN - \$10,137, MARYLOU GUINLE - \$71,436, The purpose of the Methodist Healthcare Consolidated Executive Deferred Compensation Plan is to provide retirement benefits for certain executive level employees in addition to the benefits provided through the other retirement plans that are sponsored by the company. It is intended that this Plan comply with Internal Revenue Code Section 457(f) and qualify for the short term deferral exception to Code Section 409A. Under the Plan, corporate executives at the Vice President or above level are eligible to receive Executive Deferred Compensation Credits depending on their position classification [6%, 8%, 10%, 12% of base salary]. Each Plan Year, the executive must elect a Deferred Vesting Date to be applied to the Deferred Compensation Credit that will be earned in that Plan Year. The Deferred Vesting Date is subject to a vesting schedule that requires a minimum deferral of 5 years to become vested. Upon reaching age 55, the minimum deferral is reduced to 3 yrs. Upon reaching age 60, the minimum deferral is reduced to 2 yrs. At age 64, a cash equivalent is provided to the executive and no additional deferrals are made under this Plan. The Plan is unfunded with all benefits paid from the company's general assets. However, the executive is allowed to direct the investments of his Deferred Compensation Credit in a menu of investment alternatives made available by the company. Upon vesting, a distribution is provided less applicable tax. In the case of a voluntary termination of employment by the executive or involuntary termination of employment for cause by the company, the non-vested funds are forfeited. Accelerated vesting (100%) is allowed upon death, disability or an involuntary termination by the company without cause.
Supplemental Information	Part III	PART 1 LINE 7 The management incentive plan intends to reward management for the achievement of performance against a pre-established set of balanced and challenging goals. The plan also includes a provision that defers vesting of a portion of the award subject to continued employment (with a substantial risk of forfeiture) to encourage retention of executives. This plan is reviewed by an external third-party consultant.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection
Name of the organization METHODIST LEBONHEUR HEALTHCARE		Employer identification number 58-1454711

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE CO OF SHELBY TN	52-1283414	821697VM8	09-15-2004	161,400,000	REFUND SERIES 2002-4/1/2002,EXPANSION-N BED,RENOVATE-UNIV TRANSPLANT SERV		X		X
B	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE CO OF SHELBY TN	52-1283414	821697VN6	09-15-2004	89,000,000	EXPANSION GERMANTOWN&LEBONHEUR,RENOVATION UNIV S,N,LEBON,EQUIP-ROUTINE		X		X
C	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE CO OF SHELBY TN	52-1283414	821697ZK8	06-12-2008	270,000,000	EXPANSION-LEBONHEUR & GERMANTOWN,RENOVATION-UNIV S,N,EQUIPMENT-ROUTINE,LEB		X		X
D	THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE CO OF SHELBY TN	52-1283414	821697YF0	06-12-2008	112,198,412	REFUND SERIES 1985C, DATED 8/1/1985,REFUND SERIES 1995, DATED 9/1/1995,		X		X

Part II

Proceeds

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue			169,565,610		87,545,986		205,959,909		12,545,792	
2	Gross proceeds in reserve funds			15,723,373		2,471,043		10,213,091		11,219,841	
3	Proceeds in refunding or defeasance escrows			141,969,557							
4	Other unspent proceeds										
5	Issuance costs from proceeds			8,183,278		4,477,838		8,497,613		964,513	
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds			3,689,402		80,597,104		187,388,948			
8	Year of substantial completion			2005		2005		2010			
9	Were the bonds issued as part of a current refunding issue?		X		X	X		X			
10	Were the bonds issued as part of an advance refunding issue?	X			X		X		X		
11	Has the final allocation of proceeds been made?	X		X		X		X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X	X			X		X		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 830 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5		0 %		0 830 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			X		

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2	Is the bond issue a variable rate issue?		X		X	X			X		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X	X			X		
b	Name of provider	JP MORGAN CHASE BANK				JP MORGAN CHASE BANK					
c	Term of hedge	17 6000000000000				31 4000000000000					
4a	Were gross proceeds invested in a GIC?		X		X		X		X		
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		

Schedule L
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization METHODIST LEBONHEUR HEALTHCARE	Employer identification number 58-1454711
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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
RONALD A BELZ	BOARD DIRECTOR	786,133	RENTAL OF PROPERTY	No

<div> <div>SCHEDULE O</div> <div>(Form 990)</div> <div> Department of the Treasury Internal Revenue Service </div> </div>	<div>Supplemental Information to Form 990</div> <div> Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. </div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization METHODIST LEBONHEUR HEALTHCARE	Employer identification number 58-1454711
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is prepared with input from Human Resources, Legal, Compliance and Finance departments and external financial consultants. Financial information is reconciled to audited financial statements as appropriate. The information to be disclosed regarding compensation is reviewed with the Compensation Committee of the Board. The return is reviewed by the Chief Financial Officer. A copy of the return is provided to each board member via email prior to filing the return.
Form 990, Part VI, Section B, line 12c		Methodist Lebonheur Healthcare employs a compliance officer that monitors and enforces compliance with the conflict of interest policy.
Form 990, Part VI, Section B, line 15		An external independent consultant advises the Board of Directors Compensation Committee on executive salary and incentive compensation. Benefits are periodically benchmarked by a separate external consultant and any changes are approved by the Board of Directors Compensation Committee. The Compensation committee is made up of independent members and is a subgroup of the Board of Directors. The compensation consultant annually develops total cash compensation comparisons of peer non-profit systems established by the Compensation Committee. The compensation consultant interprets the information and provides an opinion of reasonableness on the total cash compensation package. The compensation committee approves any changes to the compensation and executive benefit structure of the CEO and other top executives otherwise known as disqualified candidates. All other compensation decisions are determined by management as delegated by the Board of Directors. The committee documents the determinations.
Form 990, Part VI, Section C, line 19		Methodist Lebonheur Healthcare does not make its governing documents, conflict of interest policy and financial statements available to the public except the documents that are filed as part of the Form 1023 and this return.
	PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR
		BOND #1 - 2004AB Bond Issue-Issuance Costs \$1,241,954.95, Credit Enhancement \$6,941,323.04 BOND #2 - 2004C Bond Issue-Issuance Costs \$684,845.05, Credit Enhancement \$3,792,993.20 BOND #3 - 2008AB Bond Issue-Issuance Costs \$2,044,577.18, Credit Enhancement \$6,453,036.24 BOND #4 - 2008C Bond Issue - Issuance Costs \$964,512.66

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

58-1454711

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

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

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

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

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

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

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
HARBOR OF HEALTH LLC												
1211 UNION AVENUE SUITE 800 MEMPHIS, TN38104 20-2738743	HEALTHCARE	TN	N/A									
HEALTH CHOICE LLC												
1661 INTERNATIONAL PLACE DRIVE SUIT MEMPHIS, TN38120 62-1681198	HEALTHCARE	TN	N/A									

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AMBULATORY OPERATIONS INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN38107 62-1157166	MEDICAL SERVICES	TN		C			
SOLUS MANAGEMENT SERVICES INC 4735 SPOTTSWOOD SUITE 201 MEMPHIS, TN38117 62-1361349	HEALTH SERVICES MGMT	TN		C			
MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN38104 62-1847544	INVESTMENTS	TN		C			

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l No

1m No

1n Yes

1o No

1p Yes

1q No

1r No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LEBONHEUR HEALTHCARE

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
MH-MEMPHIS HOSPITALS	620479367	3	Yes		Yes		Yes		123748861
MH-FAYETTE HOSPITAL	620862334	3	Yes		Yes		Yes		1118603
MH - CCA	621403517	9	Yes		Yes		Yes		925670
MPCA	582078931	9	Yes		Yes		Yes		1770
ALLIANCE	620841121	9	Yes		Yes		Yes		1554700
MECH	621518342	3	Yes		Yes		Yes		1412111
LEBONHEUR FOUNDATION	621872938	11 TYPE 1	Yes		Yes		Yes		118296
METHODIST FOUNDATION	237320638	11 TYPE 1	Yes		Yes		Yes		89578
LCO	621251288	11 TYPE II	Yes		Yes		Yes		222144

Additional Data

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LEBONHEUR HEALTHCARE

Form 990, Part III – 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)	
<p>MLH operates the following to provide a continuum of care to residents of the Mid-South service area See the form 990's for each facility for a full explanation of program accomplishments and community benefits Methodist Healthcare Primary Care Associates #58-2078931Methodist Healthcare Community Care Associates #62-1403517Alliance Health Services, Inc #62-0841121Methodist LeBonheur Healthcare Combined Program Accomplishments and Community Benefit Statement - 2009Methodist Le Bonheur Healthcare (MLH) EIN 58-1454711 operates the following hospitals Methodist Healthcare-Memphis Hospitals (MHMH) EIN 62-0479367Methodist University Hospital, the flagship of the Methodist Healthcare system, is located in the heart of the Memphis Medical Center and has 669 beds Methodist is formally affiliated with the University of Tennessee Health Science Center and serves as its primary teaching site A tertiary care and referral center, Methodist University Hospital has one of the largest neurosciences programs in the country The transplant program specializes in solid organ transplants of the kidney, liver and pancreas The hospital is home to one of two da Vinci-S Surgical Systems within the health system Da Vinci is the most advanced minimally-invasive robotic surgical system available Methodist North Hospital is a community hospital serving residents of the Raleigh-Bartlett area of North Memphis and surrounding areas The 234-bed facility offers state-of-the-art, comprehensive cardiac services The hospital has expanded laser surgery capabilities and same-day surgery services on campus, as well as an affiliated rehabilitation facility on campus The Methodist Total Joint Center located on the Methodist North Hospital campus is the only dedicated joint center in the region and provides a unique orthopedic unit focused on delivering comprehensive care to patients undergoing total knee or hip replacements The hospital is home to one of two da Vinci-S Surgical Systems within the health system Methodist South Hospital serves the citizens of South Memphis and surrounding areas This acute care hospital includes a nationally recognized maternity center, a cancer center, a critical care unit, a same-day surgery unit and a complete array of outpatient services The 200-bed Methodist South Hospital also offers state-of-the-art cardiac services, including cardiac catheterization and open-heart surgery The hospital has been recognized by Premier healthcare alliance with the Premier Award for Quality for excellence in the care of patients in the area of Maternal and Neonatal Care (Pregnancy) Methodist Le Bonheur Germantown Hospital is a 209-bed community hospital serving Germantown, Collierville, East Memphis and North Mississippi The hospital offers acute inpatient care and treatment, extensive surgical services, women's health services, cardiac services, children's services and emergency services with urgent and emergency care for adults and children This facility has an inpatient pediatric unit operated under the exacting standards of our children's hospital, Le Bonheur Children's Medical Center The hospital is undergoing a \$124 million expansion that includes building a new Women's and Children's Pavilion The Pavilion opened in February 2010 and all renovations will be complete in 2011 Le Bonheur Children's Hospital is the Mid-South's first and only comprehensive pediatric medical facility Founded in 1952, Le Bonheur treats 130,000 children from 47 states and many countries The hospital is home to one of the nation's 10 busiest pediatric emergency departments and hosts one of the largest pediatric surgical brain tumor programs It is the teaching site for the University of Tennessee Department of Pediatrics and home to the Children's Foundation Research Center of Memphis 2009 was a year of building and fundraising for the hospital Patients will move into the new \$327-million Le Bonheur Children's Hospital in December 2010 and will significantly increase the space for patient care, research and teaching Methodist Extended Care Hospital EIN #62-1518342 located within the Memphis University Hospital is a long-term, 36-bed acute care facility that serves as a "hospital within a hospital" Methodist Fayette Hospital EIN #62-0862334 located just outside Memphis in Somerville, Tenn, is a 46-bed community hospital offering inpatient and outpatient services to the residents of Fayette county and surrounding rural areas Philanthropic and Community ContributionsMethodist Healthcare Foundation Through the Methodist Healthcare Foundation EIN 23-7320638, our philanthropic arm, raises and manages charitable funds to support the mission and vision of Methodist Healthcare The Foundation supports Methodist Healthcare in its continuing mission to provide high quality, cost-effective healthcare in the communities we serve through providing new research, support clinical initiatives and provide much needed capital support In 2009, the Methodist Healthcare Foundation raised over \$4.5 million and gave back over \$4.1 million towards a variety of areas including education, research, scholarships, grants, and equipment Philanthropy is key for community-based Methodist Healthcare, and the foundation is truly "the spirit of Methodist Healthcare " In 2009, the Methodist Foundation distributed \$4.1 million In order to strengthen clinical initiatives throughout the Methodist Healthcare System, the Methodist Healthcare Foundation awards grants for programs and research projects that fit the mission and goals of Methodist Healthcare The grants provide support for work conducted in areas of most interest, specifically neuroscience, transplant, cancer, patient safety, quality of care and nursing excellence and education Some of the grants approved by the Methodist Healthcare Foundation Board of Directors in 2009 include - \$2,025 - The effect of Vitagel surgical hemostatic agent on postoperative blood loss and transfusion rates in hip replacement surgery This project will evaluate the use of a FDA approved hemostatic agent (Vitagel) applied to the surgical site after the hardware has been installed for either a partial or total hip replacement procedure The investigator wishes to determine if the use of Vitagel will decrease the number of red blood cell transfusions required, thus decreasing hospital costs and reducing patient risk - \$20,093 - Nursing Excellence and Education Evaluation of the Methodist University Hospital Dedicated Education Unit on 9Tower - \$10,400 - Transoral Robot-Assisted Surgery for Lesions of the Upper Aerodigestive Tract This pilot project will include 40 patients and will assess the feasibility and safety of using the da Vinci Robot to assist in the surgical resection of primary neoplasms in the upper aerodigestive system (head and neck) The Methodist Foundation awards college scholarships to children and dependents of associates who plan to pursue a career in a health-related field of study In 2009, the Methodist Foundation presented 17 scholarships totaling \$22,500 in scholarships The Methodist Foundation has established the Humanitarian Fund which helps associates in times of an emergency In 2009, \$480,000 was raised during the Associate Annual Fund Campaign The majority of those funds assisted associates in times of fire, crime or serious illness of a family member Le Bonheur Foundation The Le Bonheur Foundation EIN 62-1872938 distributed \$60 million in 2009 which was used primarily for the construction of a new Le Bonheur Childrens hospital to open in December 2010 The Le Bonheur Foundation helps families in need by collaborating on many projects including -The Cynthia Milk Fund - This fund helps support more than 400 children who are patients at Le Bonheur Children's Medical Center and almost 250 adults who are seen at the Memphis Health Department This fund provides specialized formulas for needy children as well as therapeutic nutrition and education to elderly citizens throughout our county -The Early Years Institute - This is a community collaborative in Memphis working to improve the health and welfare for children in Shelby County from prenatal to age five The institute identifies and builds initiatives to support systems essential to enable children to be competently nurtured physically, emotionally, and cognitively The Le Bonheur Foundation also funded a number of research projects The grants funded in 2009 include - \$12,275-Zinc Cluster Transcriptional Pathways Associated with Candida glabrata Azole Tolerance and Resistance - \$10,000-Connecting the dots The development of an educational program to improve neonatal nurses' knowledge regarding newborn screening in a tertiary level III neonatal intensive care unit - \$12,000-Effect of IgA1-complexes on ACE2 in mesangial cells</p>				
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)	
<p>Medical Education and ResearchMethodist Le Bonheur Healthcare supports via direct salary and benefit contributions to the University of Tennessee 271 graduate medical training positions (GME) at Methodist University Hospital, Le Bonheur Children's Medical Center, and Methodist Le Bonheur Germantown Hospital This is an increase of over fifty positions over the past four years due to the growth of academic programs at Methodist University Hospital and Le Bonheur Children's Medical Center In addition, budget constraints at the Regional Medical Center (MED) required moving 13 essential positions from the MED to Methodist University Hospital in July 2009 These GME residents and fellows are employees and trainees at the University of Tennessee, but their financial support for salaries and benefits comes via Methodist These trainees spend time at a Methodist hospital during the periods of Methodist support and are involved in patient care in addition to educational activities The total budget of the graduate medical educational programs' support in 2009 via Methodist Healthcare was approximately \$26.5 million In addition to medical training, Methodist also provides support training for our chaplains and training for community clergy and laity to develop their communication skills during their hospital visits Methodist Le Bonheur Healthcare is dedicated to advancing health care in the Memphis community Methodist recognizes the importance of nurses and the nursing shortage the health care industry faces and therefore is committed to providing funds to educate and retain nurses by supporting various medical schools and programs Additionally, Methodist supports various non-profit organizations whose efforts foster education and workforce development as well as business and economic development within the community - \$800,000 University of Memphis, Loewenberg School of Nursing - \$500,000 University of Tennessee Health Science Center, College of Nursing - \$55,000 Dyersburg State Community College, Nursing School - \$5,000 Teach America - \$1,000 Partners in Public Education - \$3,000 Facing History and Ourselves Methodist provided \$100,000 to the Memphis Bioworks Foundation to support the growth of the bioworks industry in our community by helping to expand the infrastructure, educational opportunities and entrepreneurial support In other efforts to strength the community's workforce and existing businesses and stimulate business growth and development, Methodist contributed \$30,000 to the Greater Memphis Chamber and \$125,000 to Memphis Tomorrow Church Health CenterAs an early supporter of the Church Health Center, Methodist Healthcare strongly believes in its mission to serve the working poor From its beginnings as a project of St John's United Methodist Church and of Dr Scott Morris to the comprehensive community resource it is today, the Church Health Center provides affordable health care, dentistry, optometry, pastoral counseling, and health education to those who need these services in Memphis Methodist Healthcare is proud to support this worthy endeavor Methodist helps support the Church Health Center by providing patient care free of charge Methodist gave \$5,000 to the University of Tennessee's Christian Medical and Dental Association, an organization that supports the health needs of the poor Methodist contributed \$25,000 to the Memphis Healthy Common Table, a regional and healthcare improvement collaborative for the Greater Memphis area Le Bonheur Community OutreachLe Bonheur Children's Medical Center's Community Outreach Division EIN 62-1251288 works to extend the work of the hospital beyond its walls Through a variety of programs, we make a difference in the everyday lives of children in communities throughout the region While these programs are largely funded by grants, Methodist gave \$558,587 in 2009 for in-kind donations to support these programs Safe Kids Mid-South provided free swimming lessons to 100 'at risk' children, ages 6- 12, 200 participated in the Diversity In Swimming week-end where new and beginning swimmers were paired with seasoned swimmers to help advance their skill, 40 lifeguards participated in the Lifeguard Games In 2009, there were no child drownings in Memphis/ Shelby County Safe Kids Mid-South provided 1,000 child safety seat inspections, 500 child safety seats were provided to 'at risk' families Buckle Up presentations reached over 2,500 The Buckle Up Hotline received approximately 50 calls per month, child passenger safety education was sent to all registered drivers whose license plates were recorded By observational data in 2009, Memphis continued to increase the rate of booster seat usage-from 39% in 2005 to 48% in 2009 Safe Kids Mid-South hosted two Baby Safety Showers and provided 100 cribs, mattresses and fitted sheets or Pac 'n Plays to 'at risk' families, as well as safety education related to safe sleeping environments, safety in the home, and child passenger safety Tipton County school health nurses saw significantly more children in 2009 in part due to the H1N1 epidemic For the year, school health nurses provided care during 17,726 clinic visits, returned 13,721 children to class, and sent 3,540 children home ill School nurses cared for 39 students with Type 1 diabetes, coordinating care with parents and physicians and assisted with 3,416 doses of insulin The Nurse-Family Partnership (NFP) program at the Center for Children and Parents, an evidence-based home visitation program, began in 2009 with the hiring of a Nurse Supervisor and a staff of four registered nurses Training was conducted at the national NFP offices in Colorado Upon return, recruitment of first-time, 'at risk' mothers began Home visitation visits have begun with the assurance that the lives of many children and families will be improved as a result To date, 69 of 100 participants have been recruited and home visits have begun The Teen Parent Conference has been sponsored annually since 1998 by Le Bonheur Center for Children and Parents (CCP) for teen parents enrolled in Memphis City high schools In 2009, 400 teen parents-39 fathers and 361 mothers-attended the half-day conference The young men attended workshops specifically designed to meet their needs as young fathers The teen mothers chose two workshops from a selection of eight that included topics relating to dating, preparing for birth, caring for a sick child, and nutrition The Shelby County Early Success Coalition (ESC) is a consortium of local and state, public and private agencies and groups committed to improving the health and well-being of young children (pre-conception to age eight) and their families In 2009, ESC Partnered with community groups to bring together over 150 providers for LINC 2-1-1 Day, developed a website www.earlysuccesscoalition.com as a community resource for early child-head, and supported the launch of the Nurse-Family Partnership home visitation program In West Tennessee, the mobile medical unit -Le Bonheur On the Move- continued to provide medical homes for rural and migrant children and their families The unit is staffed with an advanced practice nurse, a nurse, coordinator, and driver The Coordinated School Health Asthma Program integrates and improves asthma education and case management in Shelby County and Tipton County school districts During the first year of the program, case managers, registered nurses, and respiratory therapists in 11 schools provided evidence-based asthma education to 576 students, 207 parents, and 225 school staff Individualized asthma action plans were developed for 576 students, 47 high-risk students were referred for care Memphis H O P E Program MLH has committed funding, training/education and ongoing staff support for the revitalization of Dixie Homes, a public housing community located in the Memphis Medical Center area (near the corner of Poplar Avenue and Dunlap) Starting with a \$20 million HOPE VI grant from the federal government (HUD), many public and private sector partners are joining forces and resources to plan and implement a program that aims to move residents from poverty and public assistance to economic self-sufficiency and a better quality of life for them and their families The resident support and assistance portion of the endeavor is called the Memphis H O P E (Health, Opportunity, Pride, Empowerment) Program MLH became involved with H O P E in 2006 and has committed the following to the five-year rollout plan - \$3 million (\$600,000 over five years) to fund the Memphis H O P E program (total fundraising goal is minimum of \$6.8 million)-Jobs / skill training and placement of interested Dixie Homes residents, commitment of 100-150 jobs over next five years-Leadership and governance as members of the Community Task Force</p>				
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)	
<p>Health and Welfare MinistriesThe Health and Welfare Ministries Division is responsible for the continuum of pastoral services which include those offered inside the walls of our hospitals as well as through partnerships with congregations and community partners Health and welfare ministries hosts several programs aimed at clergy, physicians and laypersons and works closely to involve the community in many aspects of healing, public health and health awareness Some of these programs and speaking engagements include -Leading Causes of Life Clergy/Spouse Retreats teaching about positive health approaches to life-Health and Spirituality seminars and workshops at numerous congregations-Advance Care Planning workshop for District clergy-Faith and Health Clergy Conference at Hope and Healing which provides workshops and speakers for Memphis clergy and lay leaders-Health and Social Justice course at Emory University and other courses at Memphis Theological Seminary and Wesley SeminaryThe division works closely with the United Methodist Global Board of Global Ministries by coordinating several of its national networks of health ministries and cooperates in international ministries in Africa and Russia and with mission hospitals throughout the world Through its Affiliated Services Division, Methodist operates numerous diagnostic clinics and surgery centers and offers home care, hospice and a variety of other services Community Health Screenings and Education-18,089 people screened at 420 health screening events-264 special health and educational programs reaching 67,431 people-129 childbirth sessions reaching 1,255 people Methodist Le Bonheur Healthcare participated in over 34 health fairs reaching more than 7,200 people and staffed first aid tents at various events Methodist donated supplies and personnel for a variety of projects including over \$1,530 in cardioscans and mammograms for various charity organizations, over \$15,000 in surgical items to CrossLinks and Missions of Mercy, over \$2,000 in supplies and furniture to local schools as well as donating medical supplies to overseas mission trips Methodist Le Bonheur Associates donated items for care packages sent to U S troops in Iraq, food for the Memphis Food Bank, and donated items for needy hospice patients at Christmas, toys for the Fraternal Order of Police Christmas Toy Drive and Youth Villages 'Sponsor a Child ' Associates also gave blood for LifeBlood Methodist places a strong value on education Through the Memphis City Adopt-a-School program associates - tutor students- provide speakers for a number of events including career days-judge events such as science projectsOther projects and programs Methodist has helped with and/or hosted include -Donated 90 pairs of shoes to Soles for Souls-Camp BraveHearts, a family grief camp 53 children and 21 adults attended -Hospice Celebration of Life, a special service to remember loved ones who were in our hospice program and passed away Approximately 500 families attended -Conducted 234 support groups including childbirth classes, stroke support groups reaching over 3,900 individuals Methodist Le Bonheur Healthcare Supports Community EventsMethodist Le Bonheur Associates are strong supporters of numerous community events and causes including United Way-\$552,592 01, American Heart Association-\$58,771 67, Wear Red Day for the American Heart Association-\$2,600, Adopted 113 Angels from the Salvation Army Angel Tree Community Support/ContributionsMethodist Le Bonheur Healthcare gives generously to causes related to health, building community, education, and diversity In 2009, \$2,075,832.58 was given to a number of organizations including ALS Association -\$1,000American Cancer Society-\$10,000American Heart Association-\$10,000Arthritis Foundation-\$4,000Black Business Association-\$500Bridges USA/Memphis-\$1,000Christian Medical & Dental-\$5,000Cystic Fibrosis Foundation-\$7,500Diversity Memphis-\$1,500Food Bank-\$3,000Facing History and Ourselves-\$3,000Greater Memphis Chamber-\$25,000Leadership Academy-\$10,000Leadership Memphis-\$7,000March of Dimes-\$5,000Memphis Bioworks Foundation-\$100,000Memphis Botanic Gardens-\$20,000Memphis Branch NAACP-\$15,000Memphis Jewish Community-\$25,000Memphis Medical Society-\$2,500Memphis Urban League-\$3,000Memphis Shelby County Crime Commission-\$12,500Mid-South Minority Business Council-\$37,000Mid-South Peace and Justice-\$2,000Missing Peace Project-Sponsored Dalai Lama's visit to Memphis \$10,000Memphis Tomorrow-\$125,000National Civil Rights Museum-\$12,500National Kidney Foundation-\$3,000National Multiple Sclerosis Society-\$2,500Partners in Public Education-\$2,500Teach for America-\$1,000Tennessee Medical Foundation-\$6,545Shelby Farms Park Conservancy-\$2,500Wesley Senior Ministries-\$500Women's Foundation-\$1,500Supplier Diversity ProgramMethodist Le Bonheur Healthcare's Diversity Program focuses on direct purchasing from local minority and women owned businesses From 1999 to 2009, MLH spending with minority and women owned vendors has grown from 4% to approximately 12% of annual spending Total minority and women vendor spending in 2009 was \$70.5 million up from \$41.8 million This remarkable 68% increase was substantially related to local minority and women owned businesses participation in the Germantown and Le Bonheur building projects Methodist has been recognized over the last few years for setting the standard for successful partnering by the Mid-South Minority Business Council (MMBC), the Black Business Association (BBA), the Small Business Administration, the Memphis Business Development Corporation and Premier, our national group purchasing organization</p>				
(Code)	(Expenses \$)	including grants of \$	(Revenue \$)	
<p>In-kind Goods and Services Methodist Associates donated thousands of hours to many community groups by serving on numerous boards and committees, including Tennessee Methodist AssociationAmerican Heart AssociationHabitat for HumanityAmerican Pharmacists AssociationMarch of DimesSubsidiary Hospital Business AcademyTN Health Information Management Assoc Chester County Health CouncilLifebloodTN Hospice OrganizationLes PassessDecatur County Health CouncilAlzheimer's Association of West TennesseeWhitehaven Kiwanis Mid-South Association of Catholic NursesUniversity of Memphis Mentoring ProjectBoys and Girls Club of Greater MemphisRaleigh Community CouncilMemphis District Dietetic AssociationJunior LeagueAmerican College of Healthcare ExecutivesMid-South American Cancer SocietyHealthy Memphis Common TableLeadership GermantownMemphis Diabetes Educators AssociationArkansas Conference, The United Methodist ChurchCarroll County Health CouncilAmerican Nurses AssociationEmergency Nurses AssociationCrockett County Health CouncilLeadership FayetteUnited Methodist Neighborhood CentersProfessional Network on AgingMississippi Conference, The United Methodist ChurchMillington RotaryBartlett Chamber of CommerceGermantownChickasaw Council of CommerceConcorde CollegeThe Stars Legacy Circle,Memphis Theological SeminaryTN Physical Therapy AssociationChickasaw Council Boy ScoutsPolysomnography Professional Standards CommitteeHealthcare Financial Management AssociationVolunteer Mid-SouthEarly Success CoalitionChristian Brothers University Tennessee Sleep SocietyMemphis Academy of Health SciencesGermantown Performing Arts CenterMillington Chamber of CommerceTN Organization of Nurse ExecutivesMemphis American Society of Parenteral NutritionOakland Chamber of CommerceFriends of Memphis Public LibraryDelta ConsortiumMemphis and Shelby Co Children and Youth CouncilMoses CoalitionTN General Assembly's Black Health Care CommissionFayette Chamber of CommerceMemphis Conference, The United Methodist ChurchBenton County Health CouncilITN Home Visitation CoalitionTN Pharmacists AssociationGermantown Public Safety Education CommissionCCR & R State Advisory Board Kiwanis ClubSpecial Kids and FamiliesMcNairy County Health Council Whitehaven Economic Development Corp Community-Based Child Abuse Prevention State Advisory BoardRotary ClubU of M Loewenberg School of NursingTipton County Health CouncilTennessee Sleep SocietyDyer County Health CouncilMemphis Regional Early Home Visitation CollaborationNorthwest Mississippi Community CollegeWest TN Regional Health Council Hardin County Community Health CenterHenderson County Health CouncilLauderdale County Health CouncilTN Society for Respiratory CareFayette County Health CouncilChild Care Resource and Referral Advisory Committee (Cumberland County)Shelby County DCSChester and Hardin Student Advisory CouncilHaywood County Health CouncilLake County Health CouncilO'Brien County Health CouncilInfant Mortality Reduction Core Leadership CommitteeHardeman County Health CouncilWeakley County Health CouncilMaternal League of Memphis West TN Association of School NursesFuture Leader's AcademyHenry County Health Council People FirstTN Child Passenger Safety BoardMadison County Health Council Health StartTN Association for the Education of Young ChildrenAmerican Association of Grant Professionals-TN ChapterMid-South Perinatal Bereavement CouncilIMemphis Urban LeagueTN Council on Children's Mental HealthChild Care Resource and Referral Advisory CommitteeMid-South Coalition on HIV/AIDS TN Integrated Core Injury Prevention and ControlAmerican Council of Grant Professionals-NationalGibson County Health Council</p>				

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV VICTORIA S BALDWIN BOARD	2 00	X						0	0	0
BARRY HOUSE BOARD	0 00	X						0	0	0
MARIE MILAN BOARD	0 00	X						0	0	0
JOHN SHERARD BOARD	0 00	X						0	0	0
DAVID BECKLEY PHD BOARD	2 00	X						0	0	0
RONALD A BELZ BOARD	2 00	X						0	0	0
REV HARRY DURBIN SR BOARD	2 00	X						0	0	0
CHADD DURRETT JR BOARD	2 00	X						0	0	0
BILL EVANS BOARD	2 00	X						0	0	0
ALAN GRAF JR BOARD	2 00	X						0	0	0
KENT INGRAM BOARD	2 00	X						0	0	0
HARRY A JOHNSON III BOARD	2 00	X						0	0	0
REV CHESTER JONES BOARD	2 00	X						0	0	0
MARY JO KIRPATRICK BOARD	2 00	X						0	0	0
MARK MEDFORD BOARD	2 00	X						0	0	0
JACKSON MOORE BOARD	2 00	X						0	0	0
SHIRLEY RAINES BOARD	2 00	X						0	0	0
ED ROBERSON CHAIR	2 00	X						0	0	0
BEVERLY ROBERTSON BOARD	2 00	X						0	0	0
DAVID STEVENS BOARD	2 00	X						0	0	0
RONALD STIMPSON BOARD	2 00	X						0	0	0
CARTER TOWNE MD BOARD	2 00	X						0	0	0
JOSE' VELAZ'QUEZ BOARD	2 00	X						0	0	0
STEVE WISHNIA BOARD	2 00	X						0	0	0
LUKE YANCY BOARD	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY S SHORB PRESIDENT & CEO	50 00	X		X				1,293,801	0	465,481
DONNA ABNEY EXECUTIVE VICE PRESIDENT	50 00			X				637,245	0	102,285
DAVID BAYTOS SVP/MS & INT'L HEALTHCAR	50 00			X				388,728	0	77,273
LYNN FIELD VP LEGAL SVC & COMPLIANC	50 00			X				226,939	0	40,555
ANDREW FOWLER SVP INFORMATION SYSTEMS	50 00			X				396,214	0	78,186
GARY GUNDERSON SVP HEALTH & WELFARE MIN	50 00			X				218,913	0	45,884
CATO JOHNSON SVP CORPORATE AFFAIRS	50 00			X				348,199	0	82,264
CHRIS MCLEAN EXECUTIVE VP & CFO	50 00			X				661,910	0	92,180
ALASTAIR MACGREGOR MD SVP CHIEF MEDICAL INFORM	50 00			X				308,334	0	60,216
JERRY MALIOT MD SVP CHIEF QUALITY OFFICE	50 00			X				449,946	0	63,863
GEORGE MAYZELL MD SVP CHIEF PATIENT CARE O	50 00			X				362,329	0	74,938
STEPHEN MILLER MD SVP RESEARCH & EDUCATION	50 00			X				0	841,168	153,299
CAROL ROSS-SPANG SVP HUMAN RESOURCES	50 00			X				399,800	0	66,159
LARRY SPRATLIN TREASURER	50 00			X				0	320,393	60,565
GAIL THURMOND MD SVP CLINICAL EFFECTIVENE	50 00			X				713,416	0	121,632
STEVE WEST SVP COMMUNITY BENEFIT	50 00			X				436,292	0	62,026
ELIZABETH J OSTRIC EXECUTIVE DIRECTOR	50 00					X		276,327	0	31,373
MICHAEL L NESBIT VP	50 00					X		273,185	0	54,904
LARRY FOGARTY VP	50 00					X		272,486	0	56,247
DAVID E ROSENBAUM VP	50 00					X		227,121	0	51,080
MICHELL B COLLIS VP	50 00					X		207,124	0	47,128
DONNA HERRIN FORMER SR VP-CHIEF NURS	0 00						X	299,459	0	22,393
CECELIA W SAWYER FORMER VP	0 00						X	415,130	0	4,093
MARYLOU GUINLE FORMER SR VP CARE MGMT	0 00						X	267,629	0	3,699

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
mhm	900,099	17,442,503	17,442,503		
OTHER	900,099	245,529	245,529		
FAYETTE HOSPITAL	900,099	232,703	232,703		
ALLIANCE	900,099	122,080	122,080		
CCA	900,099	70,225	70,225		

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LEBONHEUR HEALTHCARE

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARY S SHORB	(i) 770,799 (ii) 0	421,444 0	101,558 0	452,222 0	13,259 0	1,759,282 0	0 0
DONNA ABNEY	(i) 430,602 (ii) 0	175,117 0	31,526 0	89,569 0	12,716 0	739,530 0	0 0
DAVID BAYTOS	(i) 305,901 (ii) 0	82,827 0	0 0	64,617 0	12,656 0	466,001 0	0 0
LYNN FIELD	(i) 182,271 (ii) 0	44,368 0	300 0	35,488 0	5,067 0	267,494 0	0 0
ANDREW FOWLER	(i) 265,431 (ii) 0	103,421 0	27,362 0	68,456 0	9,730 0	474,400 0	0 0
GARY GUNDERSON	(i) 172,852 (ii) 0	46,061 0	0 0	34,038 0	11,846 0	264,797 0	0 0
CATO JOHNSON	(i) 249,887 (ii) 0	97,163 0	1,149 0	69,899 0	12,365 0	430,463 0	0 0
CHRIS MCLEAN	(i) 444,444 (ii) 0	186,771 0	30,695 0	78,486 0	13,694 0	754,090 0	0 0
ALASTAIR MACGREGOR MD	(i) 234,260 (ii) 0	74,074 0	0 0	47,514 0	12,702 0	368,550 0	0 0
JERRY MALIOT MD	(i) 338,282 (ii) 0	87,739 0	23,925 0	50,839 0	13,024 0	513,809 0	0 0
GEORGE MAYZELL MD	(i) 331,363 (ii) 0	28,016 0	2,950 0	62,064 0	12,874 0	437,267 0	0 0
STEPHEN MILLER MD	(i) 0 (ii) 420,821	0 165,708	0 254,639	0 142,472	0 10,827	0 994,467	0 0
CAROL ROSS-SPANG	(i) 272,674 (ii) 0	104,425 0	22,701 0	53,655 0	12,504 0	465,959 0	0 0
LARRY SPRATLIN	(i) 0 (ii) 255,464	0 31,464	0 33,465	0 48,332	0 12,233	0 380,958	0 0
GAIL THURMOND MD	(i) 359,679 (ii) 0	136,285 0	217,452 0	113,039 0	8,593 0	835,048 0	0 0
STEVE WEST	(i) 316,301 (ii) 0	116,491 0	3,500 0	49,318 0	12,708 0	498,318 0	0 0
ELIZABETH J OSTRIC	(i) 222,456 (ii) 0	53,871 0	0 0	24,256 0	7,117 0	307,700 0	0 0
MICHAEL L NESBIT	(i) 199,797 (ii) 0	47,022 0	26,366 0	42,852 0	12,052 0	328,089 0	0 0
LARRY FOGARTY	(i) 211,723 (ii) 0	49,782 0	10,981 0	44,175 0	12,072 0	328,733 0	0 0
DAVID E ROSENBAUM	(i) 178,083 (ii) 0	42,471 0	6,567 0	42,508 0	8,572 0	278,201 0	0 0
MICHELL B COLLIS	(i) 161,943 (ii) 0	39,557 0	5,624 0	36,045 0	11,083 0	254,252 0	0 0
DONNA HERRIN	(i) 98,156 (ii) 0	90,897 0	110,406 0	18,607 0	3,786 0	321,852 0	0 0
CECELIA W SAWYER	(i) 61,562 (ii) 0	13,787 0	339,781 0	394 0	3,699 0	419,223 0	0 0
MARYLOU GUINLE	(i) 3,886 (ii) 0	0 0	263,743 0	0 0	3,699 0	271,328 0	0 0

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LEBONHEUR HEALTHCARE

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
Methodist Healthcare Foundation 1211 Union Avenue Suite 450 Memphis, TN 38104 23-7320638	FOUNDATION	TN	501(c)(3)	11 TYPE I	N/A
Lebonheur Children's Medical Center Foundation 777 Washington Avenue Memphis, TN 38105 62-1872938	FOUNDATION	TN	501(c)(3)	11 TYPE I	N/A
Methodist Extended Care Hospital Inc 225 South Claybrook Memphis, TN 38104 62-1518342	HOSPITAL	TN	501(c)(3)	3	N/A
Methodist Healthcare-Jonesboro Hospital 1211 Union Avenue Suite 657 Memphis, TN 38104 71-0499625	INACTIVE HOSPITAL	TN	501(c)(3)	3	N/A
Methodist Healthcare Community Care Associates 6400 Shelby View Suite 101 Memphis, TN 38134 62-1403517	OUTPATIENT HEALTHCARE	TN	501(c)(3)	9	N/A
Methodist Healthcare Primary Care Associates 6400 Shelby View Suite 101 Memphis, TN 38134 58-2078931	OUTPATIENT HEALTHCARE	TN	501(c)(3)	9	N/A
LeBonheur Community Outreach 2400 Poplar Avenue Suite 318 Memphis, TN 38112 62-1251288	FOUNDATION	TN	501(c)(3)	11 TYPE II	N/A
Methodist Healthcare-Dyersburg Hospital 1211 Union Avenue Sutie 657 Memphis, TN 38104 62-1155084	INACTIVE HOSPITAL	TN	501(c)(3)	3	N/A
Alliance Health Services Inc 6400 Shelby View Drive Suite 101 Memphis, TN 38134 62-0841121	OUTPATIENT HEALTHCARE	TN	501(c)(3)	3	N/A
Methodist Healthcare Central MS Medical Associates 1211 Union Avenue Suite 657 Memphis, TN 38104 64-0884720	INACTIVE HOSPITAL	TN	501(c)(3)	3	N/A
Methodist Healthcare-Jackson Hospital 1211 Union Avenue Suite 657 Memphis, TN 38104 64-0794199	INACTIVE HOSPITAL	TN	501(c)(3)	3	
Methodist Healthcare-Middle Mississippi Hospital 1211 Union Avenue Suite 657 Memphis, TN 38104 64-0698911	INACTIVE HOSPITAL	TN	501(c)(3)	3	
METHODIST HEALTHCARE-FAYETTE HOSPITAL 1211 Union Avenue Suite 700 Memphis, TN 38104 62-0862334	HOSPITAL	TN	501(c)(3)	3	
methodist healthcare-memphis hospital 1265 Union Avenue Memphis, TN 38104 62-0479367	HOSPITAL	TN	501(c)(3)	3	

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return METHODIST LEBONHEUR HEALTHCARE	Business or activity to which this form relates Form 990 Page 10	Identifying number 58-1454711
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	13,579,960
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No			
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25						
26 Property used more than 50% in a qualified business use															
			%												
			%												
			%												
27 Property used 50% or less in a qualified business use															
			%				S/L -								
			%				S/L -								
			%				S/L -								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1									28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29					

Section B—Information on Use of Vehicles

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	