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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization METHODIST HEALTHCARE FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) 1211 UNION AVENUE NO 450Room/suite City or town, state or country, and ZIP + 4 MEMPHIS, TN 38104	D Employer identification number 23-7320638 E Telephone number (901) 516-0500 G Gross receipts \$ 7,006,040
	F Name and address of principal officer PAULA JACOBSON 1211 UNION AVENUE NO 450 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) <input type="checkbox"/> 501(c) () ◀ (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 1974		
M State of legal domicile TN		

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities PHILANTHROPIC ACTIVITIES AWARDING GRANTS AND SCHOLARSHIPS FOR PROGRAMS AND PROJECTS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,055,409
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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

Sign Here	***** Signature of officer	2011-09-21 Date			
	CHRIS MCLEAN ASSISTANT TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ DIXON HUGHES GOODMAN LLP				Firm's EIN ▶
	Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				Phone no ▶ (828) 254-2254
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO SUPPORT THE LIFE OF METHODIST LE BONHEUR HEALTHCARE BY INVITING COMMUNITY PHILANTHROPIC PARTNERS TO INVEST IN THE PARTS OF OUR MISSION THAT DEMAND ENHANCEMENTS IN RESEARCH, FACILITY OR PROGRAMS THE FOUNDATION INVITES ITS PARTNERS TO BUILD THE CAPACITY OF THE HEALTHCARE SYSTEM BY COMMUNICATING THE BOLD FAITH OF OUR FOUNDERS AND EXPANSIVE VISION OF A MORE FULL AND HEALTHY LIFE FOR THE COMMUNITIES WE SERVE

2

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

Yes

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 \$ 4,751,000 including grants of \$ 4,338,918) (Revenue \$)

THE FOUNDATION IS COORDINATING THE FUNDRAISING TO CONSTRUCT A NEW RESIDENTIAL HOSPICE FACILITY THE HOSPICE RESIDENCE WILL BE A \$9 MILLION, 30-BED FREE-STANDING FACILITY ON SIX ACRES THAT PROVIDES RESIDENTIAL HOSPICE CARE FOR THOSE PATIENTS WHO CANNOT STAY IN THEIR HOMES AT THE END OF THEIR LIVES THE FACILITY WILL CONTAIN A LARGE "LIVING ROOM," FAMILY RECHARGE AREAS AND LOVELY GARDENS THAT CAN BE ACCESSED BY ALL PATIENT ROOMS IT WILL BE PART OF ALLIANCE HEALTH SERVICES, INC, A 501(C)(3) ORGANIZATION (EIN 62-0841121, A SUBSIDIARY OF METHODIST LE BONHEUR HEALTHCARE) SINCE 1979, THE HOSPICE HAS PROVIDED COMPASSIONATE CARE AND SUPPORT TO INDIVIDUALS AND THEIR FAMILIES WHO ARE FACING LIFE'S FINAL JOURNEY AS ONE OF THE FIRST HOSPICES IN THE COUNTRY TO RECEIVE MEDICARE CERTIFICATION, METHODIST'S HOSPICE WORKS TO HELP EASE THE END-OF-LIFE TRANSITION FOR ALMOST 150 FAMILIES IN THE MID-SOUTH EVERY DAY THE GRAND OPENING OF THIS FACILITY IS EXPECTED TO BE IN JULY 2011

4b

(Code) (Expenses \$ 1,596,955 including grants of \$ 1,596,955) (Revenue \$)

THE SPIRIT OF FAITH AND HEALING PERMEATES THE FABRIC METHODIST LE BONHEUR HEALTHCARE AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE HOW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS TO THAT END, WE HAVE ENTERED INTO CONVENANTAL RELATIONSHIPS WITH 350+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (COE) WAS COMPLETED IN JANUARY 2011 AND IS HOUSED IN RENOVATED SPACE AT METHODIST UNIVERSITY HOSPITAL THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR THE IMPROVED WELLBEING OF THOUSANDS OF PATIENTS THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES WE BELIEVE THAT THE COUPLING OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENTS, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A STATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUCATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBERS IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLOBE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CLERGY AND COMMUNITY HEALTH PARTNERS THE FOUNDATION RAISED OVER \$2 MILLION TO MAKE THIS PROJECT A REALITY

4c

(Code) (Expenses \$ 836,384 including grants of \$ 836,384) (Revenue \$)

THE FOUNDATION IS COMMITTED TO SPONSORING MEDICAL RESEARCH METHODIST LE BONHEUR HEALTHCARE HAD 293 OPEN CLINICAL RESEARCH PROTOCOLS IN 2010 OF WHICH 81 WERE NEW STUDIES THE PHYSICIANS' RESEARCH NETWORK (PRN) OPERATES UNDER THE UMBRELLA OF THE METHODIST HEALTHCARE FOUNDATION AND FACILITATES ADULT AND PEDIATRIC RESEARCH WITHIN METHODIST HEALTHCARE PRN PROVIDES STUDY COORDINATION, SUPPORT SERVICES, AND REGULATORY ASSISTANCE TO INVESTIGATORS MANAGING INPATIENT AND OUTPATIENT CLINICAL RESEARCH TRIALS

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 2,369,586 including grants of \$ 1,695,044) (Revenue \$)



















4e

Total program service expenses

\$ 9,553,925

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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 lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	57		
	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	18		
	b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
	b		If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		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	Yes
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d		If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8		Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9		Sponsoring organizations maintaining donor advised funds.			
a		Did the organization make any taxable distributions under section 4966?		9a	
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter					
a		Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter					
a		Gross income from members or shareholders.		11a	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.			
a		Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c		Enter the amount of reserves on hand.		13c	
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶TN
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 checked="" 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 SUITE 600 MEMPHIS, TN 38104 (901) 516-0656

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) PAULA JACOBSON FOUNDATION PRESIDENT	50.00	X		X				265,071	0	49,363
(2) SUSAN MURRMANN BOARD CHAIR	2.00	X		X				0	0	0
(3) L KIRKPATRICK BOBO BOARD VICE CHAIR	2.00	X		X				0	0	0
(4) CAROLE W WEST CO-SECRETARY	2.00	X		X				0	0	0
(5) B LANE CARRICK CO-TREASURER	2.00	X		X				0	0	0
(6) TOM PREWITT BOARD DIRECTOR	2.00	X						0	0	0
(7) SHERRI SAWYER BOARD DIRECTOR	2.00	X						0	0	0
(8) JOHN BOBANGO BOARD DIRECTOR	2.00	X						0	0	0
(9) ROBERT MILLS BOARD DIRECTOR	2.00	X						0	0	0
(10) ALLEN K SILLS BOARD DIRECTOR	2.00	X						0	0	0
(11) KENNARD BROWN BOARD DIRECTOR	2.00	X						0	0	0
(12) MIKE P STURDIVANT BOARD DIRECTOR	2.00	X						0	0	0
(13) LEWIS WILLIAMSON BOARD DIRECTOR	2.00	X						0	0	0
(14) KING ROGERS BOARD DIRECTOR	2.00	X						0	0	0
(15) THOMAS MARTY CARR BOARD DIRECTOR	2.00	X						0	0	0
(16) BENA CATES BOARD DIRECTOR	2.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) REV CYNTHIA DAVIS BOARD DIRECTOR	2 00	X						0	0	0
(18) MAURICE ELLIOTT BOARD DIRECTOR	2 00	X						0	0	0
(19) JOHN GLASS BOARD DIRECTOR	2 00	X						0	0	0
(20) DENNIS HIGDON BOARD DIRECTOR	2 00	X						0	0	0
(21) REV RICK KIRCHOFF BOARD DIRECTOR	2 00	X						0	0	0
(22) WILLIAM TAD MAYS JR BOARD DIRECTOR	2 00	X						0	0	0
(23) JOHN PETTEY BOARD DIRECTOR	2 00	X						0	0	0
(24) SALLY SHY BOARD DIRECTOR	2 00	X						0	0	0
(25) BRIDGET TRENARY BOARD DIRECTOR	2 00	X						0	0	0
(26) W STEVEN WEST CO-SECRETARY	2 00			X				0	452,755	96,574
(27) LARRY SPRATLIN CO-TREASURER	2 00			X				0	344,535	61,398
(28) CHRIS MCLEAN ASSISTANT TREASURER	2 00			X				0	677,389	150,217
(29) MARK BILLINGSLEY DIRECTOR MAJOR GIFTS	40 00					X		126,286	0	16,019
(30) LORI KESSLER DIRECTOR	40 00					X		147,739	0	28,969
(31) ROBERT PLUNK DIRECTOR OF CORPORATE DEVELOPMENT	40 00					X		107,916	0	24,650
(32) KATHRYN BRINSON DIRECTOR	40 00					X		97,387	0	8,127
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								647,012	1,474,679	427,190

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 **4**

		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>		No
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>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
UNIVERSITY OF TENNESSEE 62 S DUNLAP ST RM 500 MEMPHIS, TN 38103	ETHICAL RESEARCH REVIEW	430,000

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 **1**

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	428,120		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,839,487		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		6,267,607		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		608,762	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 428,120 of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses	a	129,671		
c		Net income or (loss) from fundraising events . . .	b	305,650		
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold	a			
c		Net income or (loss) from sales of inventory . . .	b			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		6,700,390	0	0	432,783

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	7,249,230	7,249,230		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,218,072	1,218,072		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	647,057		314,095	332,962
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,347		84,347	
9	Other employee benefits	75,894		75,894	
10	Payroll taxes	45,583		19,400	26,183
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	1,500		1,500	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	116,076			116,076
f	Investment management fees				
g	Other	7,493		3,067	4,426
12	Advertising and promotion	645		645	
13	Office expenses	602,855		45,374	557,481
14	Information technology				
15	Royalties				
16	Occupancy	1,100	1,100		
17	Travel	5,203		685	4,518
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,968		29,205	13,763
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,451	3,451		
23	Insurance	280		280	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER PROJECT DISBURSEM	628,628	628,628		
b	PHYSN EDU PROVIDED	453,444	453,444		
c	MISCELLANEOUS EXPENSE	19,524		19,524	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,203,350	9,553,925	594,016	1,055,409
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			3,239	1	637
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,347,482	3	3,512,019
	4	Accounts receivable, net				4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	202,951			
	b	Less: accumulated depreciation	10b	196,002	507,575	10c	6,949
	11	Investments—publicly traded securities			12,184,321	11	8,035,454
	12	Investments—other securities. See Part IV, line 11			1,161,047	12	1,040,224
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,104,410	15	1,775,873
16	Total assets. Add lines 1 through 15 (must equal line 34)			18,308,074	16	14,371,156	
Liabilities	17	Accounts payable and accrued expenses			460,748	17	324,899
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			460,748	26	324,899
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			6,436,973	27	5,543,953
	28	Temporarily restricted net assets			11,410,353	28	8,502,304
	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			17,847,326	33	14,046,257
34	Total liabilities and net assets/fund balances			18,308,074	34	14,371,156	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,700,390
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,203,350
3	Revenue less expenses Subtract line 2 from line 1	3	-4,502,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,847,326
5	Other changes in net assets or fund balances (explain in Schedule O)	5	701,891
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,046,257

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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?	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	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

2010

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE FOUNDATION

Employer identification number
23-7320638

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 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	
(A) METHODIST HEALTHCARE - MEMPHIS HOSPITALS	620479367	3	Yes		Yes		Yes		2,180,421
(B) METHODIST LE BONHEUR HEALTHCARE	581454711	3	Yes		Yes		Yes		135,824
(C) ALLIANCE HEALTH SERVICES INC	620841121	9	Yes		Yes		Yes		4,932,984
Total									7,249,229

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SUPPORTED ORGANIZATIONS (1) METHODIST HEALTHCARE-MEMPHIS HOSPITALS \$ 2,180,421 (2) METHODIST LE BONHEUR HEALTHCARE 135,824 (3) ALLIANCE HEALTH SERVICES 4,932,984

Schedule A (Form 990 or 990-EZ) 2010

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization METHODIST HEALTHCARE FOUNDATION	Employer identification number 23-7320638
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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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No

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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure	
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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	11,410,332	10,163,577	7,204,323		
b Contributions	2,762,788	1,510,669	4,813,973		
c Investment earnings or losses	278,478	362,622	-417,684		
d Grants or scholarships	1,195,806	260,261	324,504		
e Other expenditures for facilities and programs	4,753,487	366,275	1,112,531		
f Administrative expenses					
g End of year balance	8,502,305	11,410,332	10,163,577		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶ 100 000 %

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)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		202,951	196,002	6,949
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,949

Schedule D (Form 990) 2010

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	6,700,390		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,203,350		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,502,960		
4	Net unrealized gains (losses) on investments	4	701,891		
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	701,891		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,801,069		
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	7,707,931	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments 	2a			701,891
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	701,891	
3	Subtract line 2e from line 1		3	7,006,040	
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			-305,650
c	Add lines 4a and 4b	4c			-305,650
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) 		5	6,700,390	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements 		1	11,509,000	
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			305,650
e	Add lines 2a through 2d		2e	305,650	
3	Subtract line 2e from line 1		3	11,203,350	
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			0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) 		5	11,203,350	

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION RECEIVED A LIMITED AMOUNT OF DONOR-RESTRICTED ENDOWMENT FUNDING AND DOES NOT MAINTAIN ANY BOARD-DESIGNATED ENDOWMENTS. THE FOUNDATION HAS INTERPRETED TENNESSEE'S STATE PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (SPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. IN ALL MATERIAL RESPECTS, INCOME FROM THE DONOR RESTRICTED ENDOWMENT FUNDS IS ITSELF RESTRICTED TO SPECIFIC DONOR-DIRECTED PURPOSES, AND IS THEREFORE ACCOUNTED FOR WITHIN TEMPORARILY RESTRICTED NET ASSETS UNTIL EXPENDED IN ACCORDANCE WITH THE DONOR'S WISHES. THE FOUNDATION OVERSEES INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS TO ENSURE THAT THE FAIR VALUE OF THE ORIGINAL GIFT IS PRESERVED.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION CONSOLIDATES ITS AUDIT WITH ITS CORPORATE PARENT AND OTHER SUBSIDIARIES OF THE PARENT. THE FOLLOWING STATEMENT REFLECTS THE FIN 48 FOOTNOTE OF THE CONSOLIDATED GROUP: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE SYSTEM AND ALL OF THE NONPROFIT AFFILIATES FOR WHICH THE SYSTEM OR ITS BOARD OF DIRECTORS IS CONTROLLING MEMBER ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AS QUALIFIED TAX-EXEMPT ORGANIZATIONS. THE SYSTEM'S NONPROFIT AFFILIATES MUST OPERATE IN CONFORMITY WITH THE IRC TO MAINTAIN THEIR TAX-EXEMPT STATUS. INCOME TAX FROM THE OPERATIONS OF THE SYSTEM'S WHOLLY OWNED FOR-PROFIT SUBSIDIARY, AMBULATORY OPERATIONS, INC., AND ITS SUBSIDIARIES IS NOT SIGNIFICANT. THE SYSTEM APPLIES FASB ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE HAS BEEN NO IMPACT ON THE SYSTEM'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF TOPIC 740.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EVENT EXPENSE -305,650
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EVENT EXPENSE 305,650

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE FOUNDATION

Employer identification number
23-7320638

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GASKILL STRATEGIES LLC 2125 CENTRAL AVE MEMPHIS, TN 38104	CONSULTATION		No	3,500,000	98,076	3,401,924
HOLTZCLAW GROUP 1781 CARR MEMPHIS, TN 38104	CONSULTATION		No	648,850	18,000	630,850
Total ▶				4,148,850	116,076	4,032,774

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AR, TN, MS

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CANCER CENTER LUNCHEON (event type)	LIVING AWARDS BENEFIT (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	244,266	115,000	198,525
	2	Less Charitable contributions	198,120	76,500	153,500
	3	Gross income (line 1 minus line 2)	46,146	38,500	45,025
Direct Expenses	4	Cash prizes	0	5,000	1,200
	5	Non-cash prizes . . .	4,599	1,642	9,325
	6	Rent/facility costs . . .	4,273	1,959	33,852
	7	Food and beverages . . .	43,399	37,442	7,214
	8	Entertainment	79,108	500	375
	9	Other direct expenses .	32,124	40,481	3,157
	10	Direct expense summary Add lines 4 through 9 in column (d)			305,650
	11	Net income summary Combine lines 3 and 10 in column (d).			-175,979

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities _____

a

Is the organization licensed to operate gaming activities in each of these states?

☐ Yes

☐ No

b

If "No," Explain _____

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes

☐ No

b

If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Part I General Information on Grants and Assistance

- 1

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

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
- Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶
- | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| (1) ALLIANCE HEALTH SERVICES INC6400 SHELBY VIEW SUITE 101 MEMPHIS,TN 38104 | 62-0841121 | 501(C)(3) | 4,338,918 | | | | CONSTRUCTION OF METHODIST HOSPICE RESIDENCE SEE FORM 990, PART III, LINE 4A FOR ADDITIONAL DETAILS |
| (2) ALLIANCE HEALTH SERVICES INC6400 SHELBY VIEW SUITE 101 MEMPHIS,TN 38104 | 62-0841121 | 501(C)(3) | 594,066 | | | | VARIOUS PROGRAMS AND OPERATIONAL SUPPORT |
| (3) METHODIST LE BONHEUR HEALTHCARE 1211 UNION AVE SUITE 700 MEMPHIS,TN 38104 | 58-1454711 | 501(C)(3) | 135,824 | | | | OPERATIONAL SUPPORT |
| (4) METHODIST HEALTHCARE - MEMPHIS HOSPITALS1265 UNION AVE MEMPHIS,TN 38104 | 62-0479367 | 501(C)(3) | 530,203 | | | | OPERATIONAL SUPPORT |
| (5) METHODIST HEALTHCARE - MEMPHIS HOSPITALS1265 UNION AVE MEMPHIS,TN 38104 | 62-0479367 | 501(C)(3) | 1,650,218 | | | | CONSTRUCTION OF EXCELLENCE CENTER SEE FORM 990, PART III, LINE 4B FOR ADDITIONAL DETAILS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
- 2

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

3

3

Enter total number of other organizations

0
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2010

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PHYSICIANS' RESEARCH NETWORK - SEE FORM 990, PART III, LINE 4C FOR ADDITIONAL DETAILS	80	836,384			SUPPORT SERVICES AND REGULATORY ASSISTANCE FOR TRIALS MANAGEMENT
(2) COLLEGE SCHOLARSHIPS	18	21,000			
(3) GRANTS FOR MEDICAL STUDY - SEE PART IV FOR DETAILS	3	38,690			
(4) THE HUMANITARIAN FUND - ASSISTANCE IN TIMES OF CRISIS		321,998			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE GRANT REVIEW COMMITTEE (GRC) OF THE METHODIST HEALTHCARE FOUNDATION (MHF) BIANNUALLY ASSESSES PROPOSALS, IN THE FORMAT PROVIDED AS PART OF ITS GRANT APPLICATION PACKET, FOR FUNDING PROJECTS ARE FUNDED BASED ON A STANDARD ADMINISTRATION PROCESS ESTABLISHED BY THE GRC ADDITIONALLY, FUNDED PROJECTS INCLUDE THOSE THAT FIT CURRENT GRANT MAKING PRIORITIES OF METHODIST LE BONHEUR HEALTHCARE (MLH) GRANT APPLICATION PROCESS 1 ELIGIBILITY CRITERIA TO BE ELIGIBLE FOR THE GRANT, THE APPLICANT MUST FOCUS ON CLINICAL RESEARCH OR HEALTH OUTCOMES RELATED TO THE MISSION, GOALS AND STRATEGIC PLAN OF MLH, BE A MEMBER OF THE MLH MEDICAL STAFF IN GOOD STANDING WITH MLH, AND HAVE RECEIVED APPROPRIATE ADMINISTRATIVE OR INSTITUTIONAL REVIEW BOARD APPROVAL, IF APPLICABLE 2 GRANT MAKING PRIORITIES THE GRC FUNDS PROJECTS OF MANY TYPES, INCLUDING RESEARCH THE GRC WILL GIVE PRIORITY TO PROJECTS THAT FIT THE MISSION AND GOALS OF MLH THE GRANT AWARD PROGRAM PROVIDES SUPPORT TO GROUPS AND INDIVIDUALS THAT COMPLEMENT THE WORK CONDUCTED IN AREAS OF MOST INTEREST TO MLH, SPECIFICALLY NEUROSCIENCE, TRANSPLANTATION, CANCER, PATIENT SAFETY, QUALITY OF CARE, AND NURSING EXCELLENCE AND EDUCATION DUE TO THE HIGH LEVEL OF COMPETITION FOR PHILANTHROPIC RESOURCES, SOME TYPES OF PROJECTS ARE NOT SUPPORTED AS A MATTER OF GENERAL POLICY THE FOLLOWING IS A LIST OF ACTIVITIES THAT ARE NOT SUPPORTED BY THE GRANT REVIEW PROCESS OF THE FOUNDATION - BASIC SCIENCE - ONGOLNG GENERAL OPERATING EXPENSES OR EXISTING DEFICITS - INDIRECT COSTS - POLITICAL CONTRIBUTIONS - PROJECTS IN CONFLICT WITH THE MISSION STATEMENT OF MLH - PROJECTS IN CONFLICT WITH THE SOCIAL PRINCIPLE OF THE UNITED METHODIST CHURCH ADDITIONALLY, THE GRC RARELY AWARDS GRANTS FOR - CONFERENCES OR SYMPOSIA (UNLESS THEY ARE CLEARLY RELATED TO THE FOUNDATION'S GOALS AND PRIORITIES) - PUBLICATIONS OR MEDIA PROJECTS, EXCEPT THOSE THAT GROW OUT OF ONE OF OUR GRANT PROGRAMS
OTHER INFORMATION	PART IV	SCHEDULE I, PART III SOME OF THE GRANTS APPROVED BY THE METHODIST HEALTHCARE FOUNDATION BOARD OF DIRECTORS IN 2010 INCLUDE - PHARMACOKINETICS OF MERCURY IN EXTREMELY LOW BIRTH WEIGHT INFANTS AFTER CO-TRANSFUSION WITH PACKED RED BLOOD CELLS MOHAMAD ELABIAD, MD - FEASIBILITY STUDY OF THE USE OF SPECIAL SPECIMEN COLLECTION KIT TO IMPROVE LYMPH NODE YIELD DURING SURGICAL RESECTION OF NON-SMALL CELL LUNG CANCER (RAYMOND OSARO GIAGBON, MD) AND PATHOLOGIC EXAMINATION OF RESECTED LUNG CANCER A PILOT STUDY TO IMPROVE STAGING (ROBERT RAMIREZ, DO) - USE OF REPEAT ENDOTRACHEAL ASPIRATES TO GUIDE ANTIBIOTIC DURATION IN CRITICALLY-ILL PATIENTS WITH PNEUMONIA (CHRIS FINCH, PHARM D) THE UNIVERSITY OF TENNESSEE INSTITUTIONAL REVIEW BOARD DETERMINES WHETHER THE STANDARDS FOR ETHICAL CONDUCT OF RESEARCH INVOLVING HUMAN SUBJECTS ARE MET

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE FOUNDATION

Employer identification number
23-7320638

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAULA JACOBSON	(i) (ii)	197,304 0	47,798 0	19,969 0	44,500 0	4,863 0	314,434 0	17,267 0
(2) W STEVEN WEST	(i) (ii)	0 309,104	0 120,489	0 23,162	0 83,970	0 12,604	0 549,329	0 16,045
(3) LARRY SPRATLIN	(i) (ii)	0 228,432	0 56,207	0 59,896	0 52,028	0 9,370	0 405,933	0 56,604
(4) CHRIS MCLEAN	(i) (ii)	0 454,106	0 189,193	0 34,090	0 136,949	0 13,268	0 827,606	0 30,579
(5) LORI KESSLER	(i) (ii)	138,213 0	9,526 0	0 0	17,023 0	11,946 0	176,708 0	0 0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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 4B	THE PURPOSE OF THE METHODIST LE BONHEUR 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 OR ABOVE THE VICE PRESIDENT 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. ALLOCATIONS TO THE PLAN FOR 2010 INCLUDE THE FOLLOWING: CHRIS MCLEAN - \$ 52,527; LARRY SPRATLIN - 18,263; PAULA JACOBSON - 15,590; STEVE WEST - 37,117.
	PART I, 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.
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3: THE BOARD OF METHODIST LE BONHEUR HEALTHCARE, A RELATED ORGANIZATION AND CORPORATE OVERSIGHT ENTITY, CONDUCTS THE FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR ITS OFFICERS AND KEY EMPLOYEES: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION STUDY / SURVEY - APPROVAL BY THE BOARD / COMPENSATION COMMITTEE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization METHODIST HEALTHCARE FOUNDATION	Employer identification number 23-7320638
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DUE TO THE INTER-CONNECTIVE NATURE OF BUSINESS, A FEW INDIVIDUALS ON THE BOARD WERE IDENTIFIED AS HAVING BUSINESS RELATIONSHIPS WITH OTHER BOARD MEMBERS THE METHODIST FOUNDATION DIRECTOR SELECTION COMMITTEE HAS TAKEN GREAT CARE IN IDENTIFYING THESE RELATIONSHIPS PRIOR TO SELECTION TO ENSURE THE INTEGRITY OF BOARD DECISIONS ARE PRESERVED AND POTENTIAL CONFLICTS OF INTEREST ARE MINIMIZED IN THE FUTURE BOARD MEMBERS L KIRKPATRICK BOBO AND JOHN PETTEY HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		METHODIST HEALTHCARE FOUNDATION IS A SUBSIDIARY OF METHODIST LE BONHEUR HEALTHCARE (MLH, 58-1454711) WITH MLH AS THE SOLE MEMBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		AS THE SOLE MEMBER OF THE ORGANIZATION, MLH AND ITS BOARD OF DIRECTORS ELECT ALL MEMBERS OF THE GOVERNING BODY FOR METHODIST HEALTHCARE FOUNDATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MEMBER SHALL, FROM TIME TO TIME, ADOPT AND PROMULGATE SUCH AMENDMENTS AS IT SHALL DEEM APPROPRIATE TO THE BY LAWS AND TO THE GENERAL POLICIES AND GUIDELINES OF THE ORGANIZATION, ALL OF WHICH SHALL BE CONSISTENT WITH THE PURPOSES OF THE ORGANIZATION AT SUCH TIMES AS THE MEMBER MAY SELECT, THE MEMBER SHALL REVIEW THE AFFAIRS OF THE ORGANIZATION AND TAKE SUCH ACTION AS IT MAY DEEM APPROPRIATE IN ACCORDANCE WITH THE BY LAWS THE FOLLOWING ITEMS MUST BE SUBMITTED FOR APPROVAL BY THE MEMBER - LONG RANGE PLANS AND CAPITAL IMPROVEMENT PLANS - CREATION OR SUBSTANTIVE AMENDMENT OF A CONTRACT, LEASE, OR OTHER AGREEMENT TO WHICH THE ORGANIZATION IS A PARTY WHICH INVOLVES AN OBLIGATION IN EXCESS OF \$100,000 - SALES, EXCHANGES, GIFTS, MORTGAGES, OPTIONS, AND LEASES WITH A TERM IN EXCESS OF ONE YEAR, AND MAJOR DISPOSITIONS - APPLICATIONS FOR GOVERNMENT GRANTS - AMENDMENTS TO THE CORPORATE CHARTER OR PLAN OF MERGER, CONSOLIDATION, OR DISSOLUTION OF THE ORGANIZATION - ANY ACTION AT VARIANCE WITH THE STATED POLICIES OF THE ORGANIZATION - ANY INDEMNIFICATION OF PERSONS BY THE ORGANIZATION EXCEPT AS THOSE STATED IN THE BY LAWS - ANY OTHER MATTERS AS MAY BE REQUIRED BY LAW TO BE SUBMITTED TO THE MEMBERS OF A NOT-FOR-PROFIT CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM 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 OF MLH AND MANAGEMENT OF THE ORGANIZATION AS APPROPRIATE. A COPY OF THE RETURN IS PROVIDED TO EACH BOARD MEMBER VIA E-MAIL PRIOR TO FILING THE RETURN.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	METHODIST LE BONHEUR HEALTHCARE, THE PARENT ORGANIZATION, EMPLOYS A COMPLIANCE OFFICER WHO MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL VOTING BOARD MEMBERS AND APPLICABLE OFFICERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE BOARD OF DIRECTORS OF METHODIST LE BONHEUR HEALTHCARE, THE PARENT ORGANIZATION. AN EXTERNAL INDEPENDENT CONSULTANT ADVISES THE BOARD 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 COMPRISED OF INDEPENDENT MEMBERS AND IS A SUBGROUP OF THE FULL 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 ARRANGEMENT AS DELEGATED BY THE BOARD OF DIRECTORS. THE COMMITTEE DOCUMENTS ALL DETERMINATIONS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT OUR WEBSITE IN THE "ABOUT US" SECTION, OR AT WWW.GUIDESTAR.ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED IN A CONSOLIDATION WITH ITS CORPORATE PARENT, METHODIST LE BONHEUR HEALTHCARE, AND RELATED SUBSIDIARIES. INFORMATION ON FINANCIAL STATEMENTS IS AVAILABLE BY CONTACTING THE ORGANIZATION'S CORPORATE OFFICE. PLEASE SEE FORM 990, PART VI, LINE 20 FOR DETAILS. CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS FOR ALL AFFILIATES OF METHODIST LE BONHEUR HEALTHCARE ARE ALSO AVAILABLE BY REQUEST.

Identifier	Return Reference	Explanation
	FORM 990, PART VII, LINE 1 AVERAGE HOURS FOR RELATED ORGANIZATIONS	THE FOLLOWING BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION WORK APPROXIMATELY 40 HOURS PER WEEK FOR A RELATED ORGANIZATION W STEVEN WEST LARRY SPRATLIN CHRIS MCLEAN

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 701,891

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE FOUNDATION

Employer identification number
23-7320638

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DESOTO DIAGNOSTIC IMAGING LLC 9085 SANDIDGE CTR CV OLIVE BRANCH, MS38654 62-1802576	RADIOLOGY	MS	N/A									
(2) NORTH SURGERY CENTER LP 3960 NEW COVINGTON PIKE MEMPHIS, TN38128 62-1685756	SURGERY CENTER	TN	N/A									
(3) METHODIST SURGERY CENTER-GERMANTOWN LP 1363 S GERMANTOWN ROAD GERMANTOWN, TN38138 62-1659904	SURGERY CENTER	TN	N/A									
(4) HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE 3RD FLOOR MEMPHIS, TN38103 20-2873438	SURGERY CENTER	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
(1) AMBULATORY OPERATIONS INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN38104 62-1157166	MEDICAL SERVICES	TN	N/A	C			
(2) SOLUS MANAGEMENT SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	N/A	C			
(3) MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN38104 62-1847544	INVESTMENTS	TN	N/A	C			

Part V

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

Yes

Yes

Yes

Yes

No

Yes

Yes

No

No

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 23-7320638

Name: METHODIST HEALTHCARE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION 850 POPLAR AVENUE BLDG 2 MEMPHIS, TN38105 62-1872938	FOUNDATION	TN	501(C)(3)	LINE 11A, I	N/A		No
METHODIST HEALTHCARE-FAYETTE HOSPITAL 214 LAKEVIEW DRIVE SOMERVILLE, TN38068 62-0862334	HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
METHODIST EXTENDED CARE HOSPITAL INC 225 SOUTH CLAYBROOK MEMPHIS, TN38104 62-1518342	HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
METHODIST HEALTHCARE-JONESBORO HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 71-0499625	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN38134 62-1403517	OUTPATIENT HEALTHCARE	TN	501(C)(3)	LINE 9	N/A		No
METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 58-2078931	OUTPATIENT HEALTHCARE	TN	501(C)(3)	LINE 9	N/A		No
LE BONHEUR COMMUNITY HEALTH AND WELL-BEING 50 PEABODY PLACE MEMPHIS, TN38103 62-1251288	FOUNDATION	TN	501(C)(3)	LINE 7	N/A		No
METHODIST HEALTHCARE-DYERSBURG HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 62-1155084	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
ALLIANCE HEALTH SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN38134 62-0841121	HEALTHCARE	TN	501(C)(3)	LINE 9	N/A		No
METHODIST HEALTHCARE CENTRAL MS MEDICAL ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 64-0884720	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
METHODIST HEALTHCARE-JACKSON HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 64-0794199	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No
METHODIST HEALTHCARE-MIDDLE MISSISSIPPI HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 64-0698911	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
METHODIST LE BONHEUR HEALTHCARE 1211 UNION AVENUE SUITE 700 MEMPHIS, TN38104 58-1454711	SUPPORTING ORGANIZATION	TN	501(C)(3)	LINE 11B, II	N/A		No
METHODIST HEALTHCARE-MEMPHIS HOSPITALS 1265 UNION AVENUE MEMPHIS, TN38104 62-0479367	HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No

Additional Data

Software ID:
Software Version:
EIN: 23-7320638
Name: METHODIST HEALTHCARE FOUNDATION

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	
(A) METHODIST HEALTHCARE - MEMPHIS HOSPITALS	620479367	3	Yes		Yes		Yes		2180421
(B) METHODIST LE BONHEUR HEALTHCARE	581454711	3	Yes		Yes		Yes		135824
(C) ALLIANCE HEALTH SERVICES INC	620841121	9	Yes		Yes		Yes		4932984

Additional Data

Software ID:

Software Version:

EIN: 23-7320638

Name: METHODIST HEALTHCARE FOUNDATION

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				
PAULA JACOBSON FOUNDATION PRESIDENT	50 00	X		X				265,071	0	49,363	
SUSAN MURRMANN BOARD CHAIR	2 00	X		X				0	0	0	
L KIRKPATRICK BOBO BOARD VICE CHAIR	2 00	X		X				0	0	0	
CAROLE W WEST CO-SECRETARY	2 00	X		X				0	0	0	
B LANE CARRICK CO-TREASURER	2 00	X		X				0	0	0	
TOM PREWITT BOARD DIRECTOR	2 00	X						0	0	0	
SHERRI SAWYER BOARD DIRECTOR	2 00	X						0	0	0	
JOHN BOBANGO BOARD DIRECTOR	2 00	X						0	0	0	
ROBERT MILLS BOARD DIRECTOR	2 00	X						0	0	0	
ALLEN K SILLS BOARD DIRECTOR	2 00	X						0	0	0	
KENNARD BROWN BOARD DIRECTOR	2 00	X						0	0	0	
MIKE P STURDIVANT BOARD DIRECTOR	2 00	X						0	0	0	
LEWIS WILLIAMSON BOARD DIRECTOR	2 00	X						0	0	0	
KING ROGERS BOARD DIRECTOR	2 00	X						0	0	0	
THOMAS MARTY CARR BOARD DIRECTOR	2 00	X						0	0	0	
BENA CATES BOARD DIRECTOR	2 00	X						0	0	0	
REV CYNTHIA DAVIS BOARD DIRECTOR	2 00	X						0	0	0	
MAURICE ELLIOTT BOARD DIRECTOR	2 00	X						0	0	0	
JOHN GLASS BOARD DIRECTOR	2 00	X						0	0	0	
DENNIS HIGDON BOARD DIRECTOR	2 00	X						0	0	0	
REV RICK KIRCHOFF BOARD DIRECTOR	2 00	X						0	0	0	
WILLIAM TAD MAYS JR BOARD DIRECTOR	2 00	X						0	0	0	
JOHN PETTEY BOARD DIRECTOR	2 00	X						0	0	0	
SALLY SHY BOARD DIRECTOR	2 00	X						0	0	0	
BRIDGET TRENARY BOARD DIRECTOR	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			
W STEVEN WEST CO-SECRETARY	2 00			X				0	452,755	96,574
LARRY SPRATLIN CO-TREASURER	2 00			X				0	344,535	61,398
CHRIS MCLEAN ASSISTANT TREASURER	2 00			X				0	677,389	150,217
MARK BILLINGSLEY DIRECTOR MAJOR GIFTS	40 00					X		126,286	0	16,019
LORI KESSLER DIRECTOR	40 00					X		147,739	0	28,969
ROBERT PLUNK DIRECTOR OF CORPORATE DEVELOPMENT	40 00					X		107,916	0	24,650
KATHRYN BRINSON DIRECTOR	40 00					X		97,387	0	8,127

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

4d. Other program services			
(Code)	(Expenses \$ 2,369,586	including grants of \$ 1,695,044)	(Revenue \$)
<p>THE FOUNDATION RAISES FUNDS TO BENEFIT AND STRENGTHEN THE METHODIST LE BONHEUR HEALTHCARE PROGRAMS AND CENTERS OF EXCELLENCE FUNDS RAISED ENHANCE AND STRENGTHEN CLINICAL AND RESEARCH INITIATIVES, UNDERWRITE COSTS FOR FACILITIES, TECHNICIANS, AND EQUIPMENT AND FUND PROGRAMS TO STAY ON THE CUTTING EDGE OF MEDICAL SCIENCE IN 2010, THE FOUNDATION PROVIDED \$633,898 IN SUPPORT OF THESE PROGRAMS METHODIST LE BONHEUR HEALTHCARE SUPPORTS LIFELONG LEARNING FOR PHYSICIANS BY PROVIDING THEM THE NECESSARY EVIDENCE-BASED INFORMATION IN FORMATS THAT WILL DEVELOP AND MAINTAIN COMPETENCE, ENHANCE KNOWLEDGE AND SKILLS, IMPROVE PERFORMANCE AND PATIENT OUTCOMES IN 2010 MLH OFFERED 22 COURSES, 55 REGULARLY SCHEDULED SERIES AND 4 ENDURING MATERIALS FOR A TOTAL OF 81 PROGRAMS, 1,373 HOURS A TOTAL OF 16,444 PHYSICIANS AND 4,118 NON-PHYSICIANS ATTENDED THE FOUNDATION SPENT \$453,444 IN 2010 IN SUPPORT OF THESE EDUCATIONAL OFFERINGS ANNUAL GIVING AND SPECIAL EVENT EFFORTS (NOT INCLUDING OUR TOP THREE EVENTS) HAD TOTAL EXPENSES OF \$187,129 PROCEEDS FROM THESE EFFORTS BENEFIT OUR GRANT AND SCHOLARSHIP PROGRAMS AND PROVIDE FUNDS FOR THE AREAS OF GREATEST NEED WITHIN METHODIST LE BONHEUR HEALTHCARE AS DETERMINED BY OUR FOUNDATION BOARD OF DIRECTORS 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 2010, THE METHODIST FOUNDATION PRESENTED 18 SCHOLARSHIPS TOTALING \$21,000 THE GRANTS APPROVED BY THE METHODIST HEALTHCARE FOUNDATION BOARD OF DIRECTORS IN 2010 INCLUDE - "PHARMACOKINETICS OF MERCURY IN EXTREMELY LOW BIRTH WEIGHT INFANTS AFTER CO-TRANSFUSION WITH PACKED RED BLOOD CELLS " (MOHAMAD ELABIAD, MD) - \$3,690- FEASIBILITY STUDY OF THE USE OF SPECIAL SPECIMEN COLLECTION KIT TO IMPROVE LYMPH NODE YIELD DURING SURGICAL RESECTION OF NON-SMALL CELL LUNG CANCER (RAYMOND OSAROGIAGBON, MD) AND PATHOLOGIC EXAMINATION OF RESECTED LUNG CANCER A PILOT STUDY TO IMPROVE STAGING (ROBERT RAMIREZ, DO) - \$30,000- USE OF REPEAT ENDOTRACHEAL ASPIRATES TO GUIDE ANTIBIOTIC DURATION IN CRITICALLY-ILL PATIENTS WITH PNEUMONIA (CHRIS FINCH, PHARM D) - \$5,000MANY YEARS AGO, THE METHODIST FOUNDATION ESTABLISHED "THE HUMANITARIAN FUND" WHICH HELPS ASSOCIATES IN TIMES OF CRISIS (I E , FIRE, CRIME, DEATH) IN 2010, THE FOUNDATION PROVIDED \$321,998 IN SUPPORT OF THESE ASSOCIATES THE HELP FUND PROGRAM HAD EXPENSES OF \$65,562 AND REVENUE OF \$76,242 THIS PROGRAM ALLOWS MLH ASSOCIATES TO CREATE FUNDS FOR SPECIFIC ASSOCIATES TO HELP THEM IN THEIR TIME OF DIRE NEED THE NURSE LEADER INSTITUTE HAD EXPENSES OF \$94,683 THIS INSTITUTE IS FUNDED BY THE H R S A - NURSE EDUCATION PRACTICE RETENTION GRANT FUNDING STREAM, AND IT PROVIDES LEADERSHIP TRAINING AND COACHING FOR MID-LEVEL AND FRONTLINE NURSE LEADERS, WITH A GOAL OF IMPROVED RN RETENTION AND LEADING TO GREATER EXPERTISE IN PROVIDING PATIENT CARE AND IMPROVED PATIENT OUTCOMES COMPREHENSIVE SICKLE CELL CENTER OF MEMPHIS WILL PROVIDE COMPREHENSIVE CARE FOR ADULT PATIENTS WITH SICKLE CELL DISEASE THE CENTER WILL INCLUDE AN OUTPATIENT TREATMENT CENTER FOR CLINICAL CARE AND ROUTINE HEALTH MAINTENANCE CARE AND AN IN-PATIENT UNIT FOR THOSE WITH MORE URGENT CARE NEEDS THE CSCC HAD EXPENSES OF \$5,381 FOR MORE INFORMATION ON THESE, OR ANY OTHER FOUNDATION RELATED PROGRAMS, PLEASE VISIT OUR WEBSITE, WWW.METHODISTHEALTH.ORG/GIVE</p>			