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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 LE BONHEUR HEALTHCARE Doing Business As Number and street (or P O box if mail is not delivered to street address) 1211 UNION AVENUE NO 700Room/suite City or town, state or country, and ZIP + 4 MEMPHIS, TN 38104	D Employer identification number 58-1454711
	F Name and address of principal officer GARY SHORB 1211 UNION AVENUE NO 700 MEMPHIS, TN 38104	E Telephone number (901) 516-0543
	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 1982
M State of legal domicile TN		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities MANAGEMENT AND SUPERVISION OF AFFILIATED HOSPITALS
	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)
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	
7b Net unrelated business taxable income from Form 990-T, line 34	
Revenue	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)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	
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	
Net Assets or Fund Balances	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

Prior Year	Current Year
701,948	194,991
18,114,810	113,287,961
35,256,899	28,707,712
116,214,915	3,737,425
170,288,572	145,928,089
0	965,663
0	0
91,704,840	79,451,563
0	0
53,980,727	39,741,852
145,685,567	120,159,078
24,603,005	25,769,011
Beginning of Current Year	End of Year
790,766,522	778,036,497
801,849,025	791,175,019
-11,082,503	-13,138,522

Part II	Signature Block
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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	2011-11-09 Date			
	CHRIS MCLEAN EXEC VP / CFO 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) ☐ Yes ☐ No

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

METHODIST LE BONHEUR HEALTHCARE, IN PARTNERSHIP WITH ITS MEDICAL STAFFS, WILL COLLABORATE WITH PATIENTS AND THEIR FAMILIES TO BE THE LEADER IN PROVIDING HIGH QUALITY, COST-EFFECTIVE PATIENT AND FAMILY-CENTERED CARE SERVICES WILL BE PROVIDED IN A MANNER WHICH SUPPORTS THE HEALTH MINISTRIES AND SOCIAL PRINCIPLES OF THE UNITED METHODIST CHURCH TO BENEFIT THE COMMUNITIES WE SERVE

If "Yes," describe these new services on Schedule O

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 \$ 3,289,364 including grants of \$ 965,663) (Revenue \$ 113,397,303)

AT METHODIST LE BONHEUR HEALTHCARE, WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO GIVING BACK TO THE COMMUNITY IN A MEANINGFUL WAY WE CONTINUE TO BE THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILITIES SERVE ALL AREAS OF THE CITY AND COUNTY AS A FAITH-BASED INSTITUTION, ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY IS IMPORTANT TO US PLEASE SEE OUR EXTENDED DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS IN SCHEDULE O


















[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 3,289,364
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, 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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more 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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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	Yes	
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>			
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	189		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c			1c	Yes	
2a			2a	1,047	
b			2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a			3a	Yes	
b			3b	Yes	
4a			4a		No
b					
5a			5a		No
b			5b		No
c			5c		
6a			6a		No
b			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a			7a		No
b			7b		
c			7c		No
d			7d		
e			7e		No
f			7f		No
g			7g		
h			7h		
8			8		
9					
a			9a		
b			9b		
10					
a			10a		
b			10b		
11					
a			11a		
b			11b		
12a			12a		
b			12b		
13					
a			13a		
b			13b		
c			13c		
14a			14a		No
b			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	23		
b	Enter the number of voting members included in line 1a, above, who are independent	17		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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	Yes	
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	Yes	

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input 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 AVE MEMPHIS, TN 38104 (901) 516-0656

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

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

Form **990** (2010)

Part VII

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,221,353	344,535	2,459,349

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 ▶98

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CS2 ADVERTISING 400 UNION AVE MEMPHIS, TN 38103	ADVERTISING SERVICE	1,069,640
TODAYCARE LLC 810 BROADWAY STE 105 NASHVILLE, TN 37203	CHILDCARE SERVICES	908,531
OR NURSES INC 9037 POPLAR AVE STE 103A GERMANTOWN, TN 38138	NURSING SERVICES	708,434
BELZ INVESTCO GP PO BOX 3661 MEMPHIS, TN 38173	LEASE SERVICES	694,091
MANGAN HOLCOMB PARTNERS 2300 COTTONDALE LN STE 300 LITTLE ROCK, AR 72202	PRINTING SERVICES	644,503
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 ▶22		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	85,679				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	109,312				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		194,991				
	Program Service Revenue	2a		Business Code				
		AFFILIATE MANAGEMENT	900099	114,355,416	114,355,416			
b		INVESTMENT IN SUBSIDIA	900099	-1,067,455	-1,067,455			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		113,287,961				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		9,229,575		161,314	9,068,261	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			469,075					
		b	Less rental expenses					
		c	Rental income or (loss)	469,075				
	d	Net rental income or (loss)			469,075		469,075	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			19,872,506					
		b	Less cost or other basis and sales expenses					394,369
		c	Gain or (loss)	19,872,506				-394,369
	d	Net gain or (loss)			19,478,137		19,478,137	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE	900099	3,159,008		831,954	2,327,054		
	b	HEALTHSOUTH REVENUES	900099	109,342	109,342			
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		3,268,350				
12	Total revenue. See Instructions		145,928,089	113,397,303	993,268	31,342,527		

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	965,663	965,663		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,893,895		7,893,895	
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	55,728,476	8,310,076	47,418,400	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,080,930		4,080,930	
9	Other employee benefits	7,633,606	1,169,367	6,464,239	
10	Payroll taxes	4,114,656	753,376	3,361,280	
a	Fees for services (non-employees)				
	Management				
b	Legal	403,464		403,464	
c	Accounting	67,614	1,414	66,200	
d	Lobbying	457,503		457,503	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	12,590,208	141,391	12,448,817	
12	Advertising and promotion	2,693,212	2,215	2,690,997	
13	Office expenses	13,526,282	7,357,105	6,169,177	
14	Information technology	8,784,792		8,784,792	
15	Royalties				
16	Occupancy	3,897,809	468,510	3,429,299	
17	Travel	525,459	88,213	437,246	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	383,486	131,654	251,832	
20	Interest	172,780	15,669	157,111	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,671,582	256,879	14,414,703	
23	Insurance	378,013	18,507	359,506	
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	RECRUITMENT	378,171		378,171	
b	EXPENSE TRANSFERS	-19,188,523	-16,390,675	-2,797,848	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	120,159,078	3,289,364	116,869,714	0
26	Joint costs. Check here <input checked="" 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			999	1	10
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			23,989,713	4	24,727,500
	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			67,366	8	68,141
	9	Prepaid expenses and deferred charges			1,616,078	9	2,228,608
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	141,195,594	60,252,740	10c	49,921,034
	b	Less: accumulated depreciation	10b	91,274,560			
	11	Investments—publicly traded securities			582,639,856	11	612,063,104
	12	Investments—other securities. See Part IV, line 11			55,519,899	12	62,026,919
	13	Investments—program-related. See Part IV, line 11			3,973,635	13	9,333,990
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			62,706,236	15	17,667,191
16	Total assets. Add lines 1 through 15 (must equal line 34)			790,766,522	16	778,036,497	
Liabilities	17	Accounts payable and accrued expenses			86,635,090	17	94,065,788
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			546,590,591	20	522,780,000
	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			4,252,629	23	3,087,691
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			164,370,715	25	171,241,540
	26	Total liabilities. Add lines 17 through 25			801,849,025	26	791,175,019
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			-11,082,503	27	-13,138,522
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-11,082,503	33	-13,138,522
34	Total liabilities and net assets/fund balances			790,766,522	34	778,036,497	

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	145,928,089
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,159,078
3	Revenue less expenses Subtract line 2 from line 1	3	25,769,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-11,082,503
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,825,030
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	-13,138,522

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 LE BONHEUR HEALTHCARE	Employer identification number 58-1454711
---	--

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

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

1

☐

A church, convention of churches, or association of churches 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	
See Additional Data Table									
Total									113,837,992

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 section 501(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 THE ORGANIZATION PROVIDES SUPPORT FOR ITS SUPPORTING ORGANIZATION BY PROVIDING EXPENSE REIMBURSEMENTS AND MANAGEMENT OVERSIGHT THE AMOUNTS PRESENTED ON PART I, LINE 11(H) AS SUPPORT ARE THE VALUES OF EXPENSE REIMBURSEMENTS PROVIDED TO THE VARIOUS ORGANIZATIONS FOR THE YEAR

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1

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

Political expenditures

▶ \$ _____
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$ _____
- 3

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

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$ _____
- 3

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

▶ \$ _____
- 4

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

☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV	Yes		457,503
j Total lines 1c through 1i				457,503
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE ORGANIZATION MADE PAYMENTS TO VARIOUS LOBBYING ORGANIZATIONS THROUGHOUT THE YEAR TO ENGAGE IN LOBBYING ACTIVITIES ON ITS BEHALF. TOTAL AMOUNTS PAID FOR LOBBYING EQUALLED \$457,503. SPECIFIC AMOUNTS USED TO ENGAGE IN EACH OF THE ACTIVITIES IN LINE 1C-I IS UNKNOWN, AS THEY WERE PERFORMED BY THIRD PARTIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

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

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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		13,195,283		13,195,283
b Buildings		4,623,152	2,639,941	1,983,211
c Leasehold improvements		2,855,215	2,457,310	397,905
d Equipment		118,978,522	86,177,309	32,801,213
e Other		1,543,422		1,543,422
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				49,921,034

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION CONSOLIDATES ITS AUDIT WITH ITS SUBSIDIARIES. 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.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

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
See Additional Data Table							

2

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

▶ 30

3

Enter total number of other organizations

▶ 7

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

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
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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 LE BONHEUR HEALTHCARE	Employer identification number 58-1454711
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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 checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DUES TO SOCIAL CLUBS ARE PROVIDED FOR CERTAIN EMPLOYEES. THE PERSONAL USE OF SUCH FACILITIES ARE INCLUDED IN THE EMPLOYEE'S TAXABLE INCOME. A HOUSING ALLOWANCE IS PROVIDED TO ONE CLERGYMAN FOR MINISTERIAL SERVICES PROVIDED TO PATIENTS AND THEIR FAMILIES. THIS AMOUNT IS INCLUDED IN BOX 14 OF THE EMPLOYEE'S W-2.
	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 THE 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: GARY SHORB - \$ 94,398; CHRISTOPHER MCLEAN - 52,527; DONNA ABNEY - 47,363; SUSAN THURMOND - 43,707; STEVE WEST - 37,117; ANDREW FOWLER - 32,022; DAVID BAYTOS - 35,949; CAROL ROSS-SPANG - 32,057; CATO JOHNSON - 18,645; LARRY SPRATLIN - 18,263; MICHAEL NESBIT - 17,320; LARRY FOGARTY - 17,086; MICHELLE COLLIS - 12,877.
	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.

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697VM8	09-15-2004	161,400,000	ADVANCE REFUNDING, CAPITAL ACQUISITION		X		X		X
B THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697VN6	09-15-2004	89,000,000	CAPITAL ACQUISITION		X		X		X
C THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697ZK8	06-12-2008	270,000,000	CURRENT REFUNDING, CAPITAL ACQUISITION		X		X		X
D THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697YF0	06-12-2008	112,198,412	CURRENT REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	6,830,000		81,875,000				18,755,000	
2	Amount of bonds legally defeased	130,655,000							
3	Total proceeds of issue	165,305,362		90,858,489		271,497,597		113,042,852	
4	Gross proceeds in reserve funds	15,884,267		2,596,094		10,068,037		11,681,722	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	147,057,179							
7	Issuance costs from proceeds	2,586,587		779,734		1,355,713		964,513	
8	Credit enhancement from proceeds	6,941,323		3,792,993		10,279,010			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,689,402		80,597,104		187,388,948			
11	Other spent proceeds	65,615,000				65,615,000		100,014,058	
12	Other unspent proceeds								
13	Year of substantial completion	2005		2005		2010		1998	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X	X		X			X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 640 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 640 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	JP MORGAN CHASE NA		JP MORGAN CHASE NA		JP MORGAN CHASE NA			
c	Term of hedge	16 6000000000000		13 6000000000000		30 4000000000000			
d	Was the hedge superintegrated?	X			X		X		
e	Was a hedge terminated?		X		X		X		
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 3		AMOUNTS REPORTED ON LINE 3 INCLUDE INVESTMENT EARNINGS ON BOND PROCEEDS
SCHEDULE K, PART II, LINE 11		OTHER SPENT PROCEEDS REPRESENTS AMOUNTS USED TO CURRENTLY REFUND PRIOR ISSUES

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III

Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BELZ INVESTCO GP	OWNED IN PART BY BOARD MEMBER RONALD BELZ	694,091	PROPERTY LEASE AND RENTAL		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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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 LE BONHEUR HEALTHCARE	Employer identification number 58-1454711
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Identifier	Return Reference	Explanation
CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>METHODIST LE BONHEUR HEALTHCARE PROVIDES OVER \$135 MILLION OF NET COMMUNITY BENEFIT EXPENSE TO CHARITY, MEDICAID, TENNCARE, MEDICAL EDUCATION, AND COMMUNITY SERVICES. NET COMMUNITY BENEFIT EXPENSE IS CALCULATED USING A STANDARD APPROACH AS REQUIRED FOR GOVERNMENT BENEFIT REPORTING. METHODIST HEALTHCARE FOUNDATION FUNDING THE METHODIST HEALTHCARE FOUNDATION, THE PHILANTHROPIC ARM OF METHODIST HEALTHCARE, RAISES AND MANAGES CHARITABLE FUNDS TO SUPPORT THE MISSION AND VISION OF METHODIST HEALTHCARE. THE FOUNDATION SUPPORTS METHODIST HEALTHCARE IN ITS CONTINUING MISSION TO PROVIDE HIGH QUALITY, COST-EFFECTIVE HEALTHCARE IN THE COMMUNITIES WE SERVE THROUGH PROVIDING NEW RESEARCH, SUPPORT CLINICAL INITIATIVES AND PROVIDE MUCH NEEDED CAPITAL SUPPORT. METHODIST HEALTHCARE FOUNDATION MISSION STATEMENT: THE FOUNDATION SUPPORTS 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. IN 2010, THE METHODIST HEALTHCARE FOUNDATION RAISED OVER \$6 MILLION AND GAVE BACK OVER \$10 MILLION TOWARDS A VARIETY OF AREAS INCLUDING EDUCATION, RESEARCH, SCHOLARSHIPS, GRANTS, AND EQUIPMENT. PHILANTHROPY IS KEY FOR COMMUNITY-BASED METHODIST HEALTHCARE, AND THE FOUNDATION IS TRULY THE SPIRIT OF METHODIST HEALTHCARE. IN ORDER TO STRENGTHEN CLINICAL INITIATIVES THROUGHOUT THE METHODIST HEALTHCARE SYSTEM, THE METHODIST HEALTHCARE FOUNDATION AWARDS GRANTS FOR PROGRAMS AND RESEARCH PROJECTS THAT FIT THE MISSION AND GOALS OF METHODIST HEALTHCARE. THE GRANTS PROVIDE SUPPORT FOR WORK CONDUCTED IN AREAS OF MOST INTEREST, SPECIFICALLY: NEUROSCIENCE, TRANSPLANT, CANCER, PATIENT SAFETY, QUALITY OF CARE AND NURSING EXCELLENCE AND EDUCATION. THE GRANTS APPROVED BY THE METHODIST HEALTHCARE FOUNDATION BOARD OF DIRECTORS IN 2010 INCLUDE:</p> <ul style="list-style-type: none">- 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)- 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 - \$5,000) <p>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 METHODIST FOUNDATION HAS ESTABLISHED THE HUMANITARIAN FUND WHICH HELPS ASSOCIATES IN TIMES OF AN EMERGENCY. IN 2010, \$460,000 WAS RAISED DURING THE ASSOCIATE ANNUAL FUND CAMPAIGN. THE MAJORITY OF THOSE FUNDS ASSISTED ASSOCIATES IN TIMES OF FIRE, CRIME OR SERIOUS ILLNESS OF A FAMILY MEMBER. LE BONHEUR FOUNDATION FUNDING THE LE BONHEUR FOUNDATION DISTRIBUTED \$25 MILLION WHICH WAS USED FOR CONSTRUCTION OF THE NEW HOSPITAL AND VARIOUS RENOVATIONS AND EQUIPMENT. THE LE BONHEUR FOUNDATION ALSO FUNDED A NUMBER OF RESEARCH PROJECTS. THE GRANTS FUNDED IN 2010 INCLUDED:</p> <ul style="list-style-type: none">- TRANSCRIPTION REGULATORS OF AZOLE TOLERANCE IN CALBICANS - \$5,000- FGF-23 AND CARDIOVASCULAR DISEASE IN CHILDREN WITH CKD - \$14,000- SERIAL MEASUREMENT OF BIOMARKERS IN IGA NEPHROPATHY - \$15,000- EXPRESSION STUDIES IN SUBJECTS WITH 15Q INTESTINAL DUPLICATION - \$5,000- ETIOLOGY, PROGNOSIS AND INFLAMMATORY MARKERS IN PEDIATRIC PNEUMONIA - \$5,000- QUANTIFYING THE CELLULAR IMMUNE RESPONSE TO RESPIRATORY SYNCYTICAL VIRUS INFECTION - \$25,000- THE ROLE OF CD151-INTEGRIN A3B1 COMPLEX IN RENAL TUBULOGENESIS AND FUNCTION - \$11,000- STRETCH-ACTIVATED ION CHANNELS REGULATE INFLAMMATORY MEDIATOR RELEASE IN THE LUNG - \$25,000 <p>THE TOP THREE PROGRAM SERVICES ARE LISTED BELOW:</p> <ul style="list-style-type: none">METHODIST HOSPICE RESIDENCE - TOTAL CALENDAR YEAR EXPENSES OF \$4,751,000, NO GRANTS, TOTAL CALENDAR YEAR REVENUE OF \$723,540. 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 METHODIST ALLIANCE HOSPICE, A 501(c)(3) ORGANIZATION (EIN 62-0841121, DIVISION OF METHODIST LE BONHEUR HEALTHCARE). SINCE 1979, METHODIST 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 HOSPICE WORKS TO HELP EASE THE END-OF

Identifier	Return Reference	Explanation
CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>-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 CENTER OF EXCELLENCE IN FAITH AND HEALTH - TOTAL CALENDAR YEAR EXPENSES OF \$1,596,955, NO GRANTS, TOTAL CALENDAR YEAR REVENUE OF \$586 ,509 THE SPIRIT OF FAITH AND HEALING PERVADES 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 STRAT EGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM WE BELIEVE THAT CONGREGATIONS CAN P LAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HE ALTH JOURNEYS TO THAT END, WE HAVE ENTERED INTO CONVENANTAL RELATIONSHIPS WITH 350+ CONGR EGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IM PROVE THE HEALTH STATUS OF THESE PATIENTS THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (C OE) 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 IMPRO VED WELLBEING OF THOUSANDS OF PATIENTS THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALI TY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES WE BELIEVE THAT THE COUPLING O F 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 EXCELL ENCE 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 S PACES, 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 W ORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CL ERGY AND COMMUNITY HEALTH PARTNERS THE FOUNDATION RAISED OVER \$2 MILLION TO MAKE THIS PRO JECT A REALITY</p> <p>PHYSICIANS' RESEARCH NETWORK - TOTAL CALENDAR YEAR EXPENSES OF \$836,384, N O GRANTS, TOTAL CALENDAR YEAR REVENUE OF \$1,124,086 METHODIST LE BONHEUR HEALTHCARE HAD 2 93 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 PEDIA TRIC RESEARCH WITHIN METHODIST HEALTHCARE PRN PROVIDES STU DY COORDINATION, SUPPORT SERVICES, AND REGULATORY ASSISTANCE TO INVESTIGATORS MANAGING INP ATIENT AND OUTPATIENT CLINICAL RESEARCH TRIALS</p>

Identifier	Return Reference	Explanation
		<p>OTHER PROGRAM SERVICES INCLUDED 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, TECHNIC IANS, AND EQUIPMENT AND BRIDGE THE GAP BETWEEN WHAT HOSPITAL CHARGES COVER AND WHAT IS NEC ESSARY TO STAY ON THE CUTTING EDGE OF MEDICAL SCIENCE IN 2010, THE FOUNDATION PROVIDED \$6 33,898 IN SUPPORT OF THESE PROGRAMS METHODIST LE BONHEUR HEALTHCARE SUPPORTS LIFELONG LEA RNING FOR PHYSICIANS BY PROVIDING THEM THE NECESSARY EVIDENCE-BASED INFORMATION IN FORMATS THAT WILL DEVELOP AND MAINTAIN COMPETENCE, ENHANCE KNOWLEDGE AND SKILLS, IMPROVE PERFORMA NCE AND PATIENT OUTCOMES IN 2010 MLH OFFERED 22 COURSES, 55 REGULARLY SCHEDULED SERIES AN D 4 ENDURING MATERIALS FOR A TOTAL OF 81 PROGRAMS, 1,373 HOURS A TOTAL OF 16,444 PHYSICIA NS ATTENDED AND 4,118 NON-PHY SICIANS THE FOUNDATION SPENT \$453,444 IN 2010 IN SUPPORT OF THESE EDUCATIONAL OFFERINGS ANNUAL GIVING AND SPECIAL EVENT EFFORTS (NOT INCLUDING OUR TO P THREE EVENTS) HAD TOTAL EXPENSES OF \$187,129 AND REVENUE OF \$205,549 PROCEEDS FROM THES E EFFORTS BENEFIT OUR GRANT AND SCHOLARSHIP PROGRAMS AND PROVIDE FUNDS FOR THE AREAS OF GR EA TEST NEED WITHIN METHODIST LE BONHEUR HEALTHCARE AS DETERMINED BY OUR FOUNDATION BOARD O F DIRECTORS THE NURSE LEADER INSTITUTE HAD EXPENSES OF \$94,683 AND REVENUE OF \$84,833 TH IS INSTITUTE IS FUNDED BY THE H R S A -NURSE EDUCATION PRACTICE RETENTION GRANT FUNDING ST REAM, AND IT PROVIDES LEADERSHIP TRAINING AND COACHING FOR MID-LEVEL AND FRONTLINE NURSE L EADERS, WITH A GOAL OF IMPROVED RN RETENTION AND LEADING TO GREATER EXPERTISE IN PROVIDING PATIENT CARE AND IMPROVED PATIENT OUTCOMES EXTERNAL ACCOUNTS AND HOSPITAL/DEPARTMENTAL F UNDS, INCLUDING OUR AUXILIARY'S FUNDRAISING, REPRESENTED \$857,060 IN EXPENSES AND \$163,852 IN REVENUE COMPREHENSIVE SICKLE CELL CENTER OF MEMPHIS WILL PROVIDE COMPREHENSIVE CARE F OR ADULT PATIENTS WITH SICKLE CELL DISEASE THE CENTER WILL INCLUDE AN OUTPATIENT TREATMEN T CENTER FOR CLINICAL CARE AND ROUTINE HEALTH MAINTENANCE CARE AND AN IN-PATIENT UNIT FOR THOSE WITH MORE URGENT CARE NEEDS THE CSCC HAD REVENUES OF \$648,850 AND EXPENSES OF \$5,38 1 MEDICAL EDUCATION AND RESEARCH METHODIST LE BONHEUR HEALTHCARE SUPPORTS VIA DIRECT SALA RY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE GRADUATE MEDICAL TRAINING POSI TIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S MEDICAL CENTER, AND ME THODIST LE BONHEUR GERMANTOWN HOSPITAL THIS IS AN INCREASE OF OVER 50 POSITIONS OVER THE PAST FOUR YEARS DUE TO THE GROWTH OF ACADEMIC PROGRAMS AT METHODIST UNIVERSITY HOSPITAL AN D LE BONHEUR CHILDREN'S MEDICAL CENTER THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENE FITS COMES VIA METHODIST THESE TRAINEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PER IODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTI VITIES THE TOTAL BUDGET FOR GRADUATE MEDICAL EDUCATIONAL PROGRAMS IN 2010 WAS \$23,351,024 50 IN ADDITION TO MEDICAL TRAINING, METHODIST ALSO PROVIDES SUPPORT TRAINING FOR OUR CHA PLAINS AND TRAINING FOR COMMUNITY CLERGY AND LAITY TO DEVELOP THEIR COMMUNICATION SKILLS D URING THEIR HOSPITAL VISITS METHODIST LE BONHEUR HEALTHCARE IS DEDICATED TO ADVANCING HEA LTH CARE IN THE MEMPHIS COMMUNITY METHODIST RECOGNIZES THE IMPORTANCE OF NURSES AND THE N URSING SHORTAGE THE HEALTH CARE INDUSTRY FACES AND THEREFORE IS COMMITTED TO PROVIDING FUN DS TO EDUCATE AND RETAIN NURSES BY SUPPORTING VARIOUS MEDICAL SCHOOLS AND PROGRAMS ADDITI ONALLY, METHODIST SUPPORTS VARIOUS NON-PROFIT ORGANIZATIONS WHOSE EFFORTS FOSTER EDUCATION AND WORKFORCE DEVELOPMENT AS WELL AS BUSINESS AND ECONOMIC DEVELOPMENT WITHIN THE COMMUNI TY - \$2,000 MID-SOUTH MINORITY BUSINESS ASSOCIATION METHODIST PROVIDED \$50,000 TO THE MEM PHIS BOWWORKS FOUNDATION TO SUPPORT THE GROWTH OF THE BOWWORKS INDUSTRY IN OUR COMMUNITY B Y HELPING TO EXPAND THE INFRASTRUCTURE, EDUCATIONAL OPPORTUNITIES AND ENTREPRENEURIAL SUPP ORT IN OTHER EFFORTS TO STRENGTH THE COMMUNITY'S WORKFORCE AND EXISTING BUSINESSES AND ST IMULATE BUSINESS GROWTH AND DEVELOPMENT, METHODIST CONTRIBUTED \$25,000 TO THE GREATER MEMP HIS CHAMBER AND A THREE YEAR PLEDGE OF \$25,000 TO MEMPHIS TOMORROW CHURCH HEALTH CENTER A S AN EARLY SUPPORTER OF THE CHURCH HEALTH CENTER, METHODIST HEALTHCARE STRONGLY BELIEVES I N ITS MISSION TO SERVE THE WORKING POOR FROM ITS BEGINNINGS AS A PROJECT OF ST JOHN'S UN ITED METHODIST CHURCH AND OF DR SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT I S TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, P ASTORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS METH ODIST HEALTHCARE IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR METHODIST HELPS SUPPORT THE CHU RCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE O</p>

Identifier	Return Reference	Explanation
		<p>F CHARGE METHODIST GAVE \$5,000 TO THE UNIVERSITY OF TENNESSEES CHRISTIAN MEDICAL AND DENT AL ASSOCIATION, AN ORGANIZATION THAT SUPPORTS THE HEALTH NEEDS OF THE POOR METHODIST CONT RIBUTED \$25,000 TO HEALTHY MEMPHIS WITH THE GOAL OF IMPROVING HEALTH AND HEALTHCARE FOR TH E GREATER MEMPHIS AREA LE BONHEUR COMMUNITY HEALTH AND WELL-BEING LE BONHEUR COMMUNITY HE ALTH AND WELL-BEING WORKS TO EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS THROUGH A V ARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION WHILE THESE PROGRAMS ARE LARGELY FUNDED BY GRANTS, METHODIST GAVE \$ 447,456 IN 2010 FOR IN-KIND DONATIONS TO SUPPORT THESE PROGRAMS SAFE KIDS MID-SOUTH PROVI DED FREE SWIMMING LESSONS TO 575 "AT RISK" CHILDREN, AGES 6- 12, HOSTED LIFEGUARD GAMES TO ENHANCE LIFEGUARD SKILLS, HOSTED DIVERSITY IN SWIMMING DEVELOPMENTAL CLINIC AND MEET FOR 200 CHILDREN, AND PROVIDED TRAINING FOR FAMILY AND FRIENDS CPR DAY WHERE 120 PEOPLE WERE T RAINED IN CPR SAFE KIDS MID-SOUTH PROVIDED 1,500 CHILD SAFETY SEAT INSPECTIONS, 500 CHILD SAFETY SEATS WERE PROVIDED TO "AT RISK" FAMILIES THREE BICYCLE SAFETY LESSONS REACHING 1 ,000 CHILDREN WERE HELD FOR MEMPHIS CITY SCHOOL ELEMENTARY STUDENTS A TOTAL OF 250 BICYCL E HELMETS WERE GIVEN TO "AT RISK CHILDREN" THE BUCKLE UP HOTLINE RECEIVED APPROXIMATELY 5 0 CALLS PER MONTH SAFE KIDS MID-SOUTH HELD BABY SAFETY SHOWERS FOR 350 "AT RISK" MOTHERS- TO-BE (IDENTIFIED FROM HIGH MORTALITY ZIP CODE AREAS) WERE HELD TWICE A MONTH DOOR PRIZES FOR ALL ATTENDEES INCLUDED A CHILD SAFETY SEAT, CRIB, MATTRESS AND FITTED CRIB SHEET AND ASSORTED HOME SAFETY ITEMS SAFE KIDS MID-SOUTH HELD A PEDESTRIAN SAFETY RALLY WITH INTERA CTIVE SAFETY LESSONS AT TWO MEMPHIS CITY ELEMENTARY SCHOOLS REACHING 800 CHILDREN RAILROA D SAFETY WAS TAUGHT TO 600 STUDENTS AT FOUR AREA ELEMENTARY SCHOOLS SAFE KIDS MID-SOUTH T AUGHT FOUR CLINICS FOCUSING ON SPORTS SAFETY AND THE IMPORTANCE OF PRE-SEASON PHY SICALS AN D CONCUSSION PREVENTION TO 400 PARENTS, STUDENT ATHLETES, AND COACHES IN WEST TENNESSEE, THE MOBILE MEDICAL UNIT - LE BONHEUR ON THE MOVE - CONTINUED TO PROVIDE MEDICAL HOMES FOR RURAL AND MIGRANT CHILDREN AND THEIR FAMILIES THE UNIT IS STAFFED WITH AN ADVANCED PRACTI CE NURSE, A NURSE, COORDINATOR, AND DRIVER THE COORDINATED SCHOOL HEALTH ASTHMA PROGRAM I NTEGRATES AND IMPROVES ASTHMA EDUCATION AND CASE MANAGEMENT IN SHELBY COUNTY AND TIPTON CO UNTY SCHOOL DISTRICTS THROUGH THIS INITIATIVE, 28 CLASSES WERE HELD TO EDUCATE OVER 1,082 TEACHERS, STUDENTS, AND PARENTS ABOUT ASTHMA TOPICS INCLUDED POWER BREATHERS, WEE WEEZER S, ASTHMA 1-2-3, AND YOU CAN</p>

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 REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND DISCUSSED AT A SCHEDULED BOARD MEETING PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	METHODIST LE BONHEUR HEALTHCARE EMPLOY S A COMPLIANCE OFFICER WHO MONITORS AND ENFORCES COM PLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL VOTING BOARD MEMBERS AND APPLICABLE O FFICERS

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. 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 ADMINISTRATIV E 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 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	TRANSFERS WITH AFFILIATES -27,825,030 TOTAL TO FORM 990, PART XI, LINE 5 -27,825,030

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 LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(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) Dispropportionate 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 LLC 9085 SANDIDGE CTR CV OLIVE BRANCH, MS38654 62-1802576	RADIOLOGY	MS	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	N/A				No			No	60 000 %
(2) NORTH SURGERY CENTER LP 3960 NEW COVINGTON PIKE MEMPHIS, TN38128 62-1685756	SURGERY CENTER	TN	METHODIST HEALTHCARE- MEMPHIS HOSPITALS	N/A				No			No	60 000 %
(3) METHODIST SURGERY CENTER-GERMANTOWN LP 1363 S GERMANTOWN ROAD GERMANTOWN, TN38138 62-1659904	SURGERY CENTER	TN	METHODIST HEALTHCARE- MEMPHIS HOSPITALS	N/A				No			No	55 000 %
(4) HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE 3RD FLOOR MEMPHIS, TN38103 20-2873438	SURGERY CENTER	TN	METHODIST HEALTHCARE- MEMPHIS HOSPITALS	N/A				No			No	35 390 %

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	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	C	11,455,608	18,749,055	100 000 %
(2) SOLUS MANAGEMENT SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	AMBULATORY OPERATIONS INC	C			100 000 %
(3) MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN38104 62-1847544	INVESTMENTS	TN	AMBULATORY OPERATIONS INC	C			100 000 %

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

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

No

1p

Yes

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if 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	Yes	
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVENUE SUITE 450 MEMPHIS, TN38104 23-7320638	FOUNDATION	TN	501(C)(3)	LINE 11A, I	N/A	Yes	
METHODIST HEALTHCARE-FAYETTE HOSPITAL 214 LAKEVIEW DRIVE SOMERVILLE, TN38068 62-0862334	HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	
METHODIST EXTENDED CARE HOSPITAL INC 225 SOUTH CLAYBROOK MEMPHIS, TN38104 62-1518342	HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	
METHODIST HEALTHCARE-JONESBORO HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 71-0499625	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN38134 62-1403517	OUTPATIENT HEALTHCARE	TN	501(C)(3)	LINE 9	N/A	Yes	
METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 58-2078931	OUTPATIENT HEALTHCARE	TN	501(C)(3)	LINE 9	N/A	Yes	
LE BONHEUR COMMUNITY HEALTH AND WELL-BEING 50 PEABODY PLACE MEMPHIS, TN38103 62-1251288	FOUNDATION	TN	501(C)(3)	LINE 7	N/A	Yes	
METHODIST HEALTHCARE-DYERSBURG HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 62-1155084	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	
ALLIANCE HEALTH SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN38134 62-0841121	HEALTHCARE	TN	501(C)(3)	LINE 9	N/A	Yes	
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	Yes	
METHODIST HEALTHCARE-JACKSON HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 64-0794199	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	

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 HEALTHCARE-MIDDLE MISSISSIPPI HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN38104 64-0698911	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	
METHODIST HEALTHCARE-MEMPHIS HOSPITALS 1265 UNION AVENUE MEMPHIS, TN38104 62-0479367	HOSPITAL	TN	501(C)(3)	LINE 3	N/A	Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	METHODIST HEALTHCARE-MEMPHIS HOSPITAL	K	16,901,922	INTERCOMPANY TRANSACTION
(2)	METHODIST HEALTHCARE-FAYETTE HOSPITAL	K	244,112	INTERCOMPANY TRANSACTION
(3)	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	K	65,378	INTERCOMPANY TRANSACTION
(4)	ALLIANCE HEALTH SERVICES INC	K	107,673	INTERCOMPANY TRANSACTION
(5)	METHODIST EXTENDED CARE HOSPITAL	K	103,119	INTERCOMPANY TRANSACTION
(6)	METHODIST HEALTHCARE FOUNDATION	K	74,107	INTERCOMPANY TRANSACTION
(7)	METHODIST HEALTHCARE-MEMPHIS HOSPITAL	P	109,320,482	INTERCOMPANY TRANSACTION
(8)	METHODIST HEALTHCARE-FAYETTE HOSPITAL	P	834,576	INTERCOMPANY TRANSACTION
(9)	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	P	943,238	INTERCOMPANY TRANSACTION
(10)	ALLIANCE HEALTH SERVICES INC	P	1,374,000	INTERCOMPANY TRANSACTION
(11)	METHODIST EXTENDED CARE HOSPITAL	P	1,365,696	INTERCOMPANY TRANSACTION
(12)	LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION	P	84,816	INTERCOMPANY TRANSACTION
(13)	LE BONEHUR COMMUNITY HEALTH & WELL-BEING	P	187,836	INTERCOMPANY TRANSACTION
(14)	SOLUS MANAGEMENT SERVICES INC	P	174,768	INTERCOMPANY TRANSACTION
(15)	AMBULATORY OPERATIONS INC	P	311,172	INTERCOMPANY TRANSACTION

Additional Data

Software ID:
Software Version:
EIN: 58-1454711
Name: METHODIST LE BONHEUR HEALTHCARE

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) METHODIST HEALTHCARE- MEMPHIS HOSPITALS	620479367	3	Yes		Yes		Yes		109320482
(B) METHODIST HEALTHCARE- FAYETTE HOSPITAL	620862334	3	Yes		Yes		Yes		834576
(C) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	621403517	9	Yes		Yes		Yes		943238
(D) ALLIANCE HEALTH SERVICES INC	620841121	9	Yes		Yes		Yes		1374000
(E) METHODIST EXTENDED CARE HOSPITAL INC	621518342	3	Yes		Yes		Yes		1365696
(F) METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES	582078931	9	Yes		Yes		Yes		0

Additional Data

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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			
RONALD A BELZ BOARD CHAIRMAN	2 00	X		X				0	0	0
LUKE YANCY BOARD VICE CHAIRMAN	2 00	X		X				0	0	0
SHIRLEY RAINES BOARD SECRETARY	2 00	X		X				0	0	0
ED ROBERSON BOARD MEMBER	2 00	X						0	0	0
REV VICTORIA BALDWIN BOARD MEMBER	2 00	X						0	0	0
DAVID BECKLEY PHD BOARD MEMBER	2 00	X						0	0	0
REV HARRY DURBIN SR BOARD MEMBER	2 00	X						0	0	0
CHADD DURRETT JR BOARD MEMBER	2 00	X						0	0	0
BILL EVANS BOARD MEMBER	2 00	X						0	0	0
ALAN GRAF JR BOARD MEMBER	2 00	X						0	0	0
KENT INGRAM BOARD MEMBER	2 00	X						0	0	0
DENNIS SPENCE BOARD MEMBER	2 00	X						0	0	0
HARRY A JOHNSON III BOARD MEMBER	2 00	X						0	0	0
REV CHESTER JONES BOARD MEMBER	2 00	X						0	0	0
MARY JO KIRPATRICK BOARD MEMBER	2 00	X						0	0	0
MARY MEDFORD BOARD MEMBER	2 00	X						0	0	0
JACKSON MOORE BOARD MEMBER	2 00	X						0	0	0
BEVERLY ROBERTSON BOARD MEMBER	2 00	X						0	0	0
EMBRA JACKSON BOARD MEMBER	2 00	X						0	0	0
DAVID STEVENS BOARD MEMBER	2 00	X						0	0	0
RONALD STIMPSON BOARD MEMBER	2 00	X						0	0	0
CARTER TOWNE MD BOARD MEMBER	2 00	X						0	0	0
JOSE 'VELAZ' QUEZ BOARD MEMBER	2 00	X						0	0	0
STEVE WISHNIA BOARD MEMBER	2 00	X						0	0	0
GARY SHORB PRESIDENT & CEO	50 00	X		X				1,562,461	0	618,501

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 381043623	13-1788491	501(C)(3)	20,050		N/A	N/A	GENERAL SUPPORT
AMERICAN FOOTBALL COACHES ASSOCIATION 100 LEGENDS LN WACO,TX 767061243	02-0232424	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT
AMERICAN HEART ASSOCIATIONPO BOX4002900 DES MOINES,TN 503402900	13-5613797	501(C)(3)	16,236		N/A	N/A	GENERAL SUPPORT
LIBERTY BOWL FESTIVAL ASSOCIATION3767 NEW GETWELL RD MEMPHIS,TN 381186013	62-6064769	501(C)(4)	5,000		N/A	N/A	GENERAL SUPPORT
APRIL 4TH FOUNDATION PO BOX 3267 MEMPHIS,TN 38173	62-1843078	N/A	16,220		N/A	N/A	GENERAL SUPPORT
CAMPBELL FOUNDATION 1400 S GERMANTOWN RD GERMANTOWN,TN 381382205	62-0548038	501(C)(3)	37,465		N/A	N/A	GENERAL SUPPORT
CHICKASAW COUNCIL171 S HOLLYWOOD MEMPHIS,TN 381124899	62-6249663	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT
CHRISTIAN MEDICAL AND DENTAL ASSOCIATION 2023 W HOUSTON WAY GERMANTOWN,TN 381396933	62-1867977	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION6555 QUINCE RD STE 104 MEMPHIS,TN 381198220	62-0851705	501(C)(3)	7,500		N/A	N/A	GENERAL SUPPORT
FIRSTWORKS3276 SUMMER AVE MEMPHIS,TN 38122	62-1365428	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT
GREATER MEMPHIS CHAMBER OF COMMERCE 22 N FRONT ST STE 200 MEMPHIS,TN 381032100	62-0291250	501(C)(6)	25,000		N/A	N/A	GENERAL SUPPORT
BILL HASLEM INAUGURAL 1701 WEST END AVE STE 300 NASHVILLE,TN 372032610		N/A	7,500		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY MEMPHIS3175 LENOX PARK BLVD STE 309 MEMPHIS,TN 381154291	62-1820264	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT
SUSAN G KOMEN FOR THE CURE6685 POPLAR AVE STE 205 GERMANTOWN,TN 381383698	75-1835298	501(C)(3)	34,159		N/A	N/A	GENERAL SUPPORT
LEADERSHIP ACADEMY22 N FRONT ST STE 500 MEMPHIS,TN 381032156	58-1607228	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT
LEADERSHIP MEMPHIS119 S MAIN ST STE 425 MEMPHIS,TN 381033673	62-1043517	501(C)(3)	9,652		N/A	N/A	GENERAL SUPPORT
WOUND OSTOMY AND CONTINENCE NURSES MEMPHIS AREA5700 MASON RD MEMPHIS,TN 381201846	26-1326171	501(C)(6)	10,000		N/A	N/A	GENERAL SUPPORT
MEMPHIS BIOWORKS FOUNDATION20 S DUDLEY STE 900 MEMPHIS,TN 381034904	62-1858660	501(C)(3)	50,000		N/A	N/A	GENERAL SUPPORT
MEMPHIS BOTANIC GARDENS750 CHERRY RD MEMPHIS,TN 381174608	23-7159172	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT
MEMPHIS JEWISH COMMUNITY CENTER6560 POPLAR AVE MEMPHIS,TN 381383614	62-0481800	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE4805 MOUNT HOPE DR BALTIMORE,MD 21215	13-1084135	501(C)(3)	15,300		N/A	N/A	GENERAL SUPPORT
MEMPHIS THEOLOGICAL SEMINARY168 E PARKWAY S MEMPHIS,TN 381044340	62-6012228	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT
MEMPHIS TOMORROW22 N FRONT ST STE 670 MEMPHIS,TN 381032168	62-1867308	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT
MID SOUTH MINORITY BUSINESS158 MADISON AVE STE 300 MEMPHIS,TN 381032682	62-1198163	501(C)(3)	78,950		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF HEALTH SERVICE EXECUTIVES1050 CONNECTICUT AVE NW 10TH FL WASHINGTON,DC 200365334	62-1312239	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT
NATIONAL CIVIL RIGHTS MUSEUM450 MULBERRY ST MEMPHIS,TN 381034214	58-1484027	501(C)(3)	60,000		N/A	N/A	GENERAL SUPPORT
PEERLESS PRINTING COMPANY2896 WALNUT GROVE RD MEMPHIS,TN 381112714		N/A	5,070		N/A	N/A	GENERAL SUPPORT
MEMPHIS MUSEUMS INC (PINK PALACE)3050 CENTRAL AVE MEMPHIS,TN 381113399	62-0801926	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT
REBUILD GOVERNMENT22 N FRONT ST STE 670 MEMPHIS,TN 381032168		N/A	75,000		N/A	N/A	GENERAL SUPPORT
SHELBY FARMS PARK CONSERVANCY500 N PINE LAKE DR MEMPHIS,TN 381347970	26-0350397	501(C)(3)	51,500		N/A	N/A	GENERAL SUPPORT
SOUTHWEST TN COMMUNITY COLLEGE FOUNDATION5983 MACON CV MEMPHIS,TN 381347642	62-1105769	501(C)(3)	100,000		N/A	N/A	GENERAL SUPPORT
ST JOHNS UNITED METHODIST CHURCH1207 PEABODY AVE MEMPHIS,TN 381044507		501(C)(3)	9,450		N/A	N/A	GENERAL SUPPORT
TEACH FOR AMERICAONE COMMERCE SQ STE 1190 MEMPHIS,TN 381032500	62-0544854	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT
UNITED METHODIST NEIGHBORHOODPO BOX 111348 MEMPHIS,TN 381111348	62-0794812	501(C)(3)	5,000		N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF MEMPHIS FOUNDATIONONE N FRONT ST MEMPHIS,TN 381032189	62-6048540	501(C)(3)	6,400		N/A	N/A	GENERAL SUPPORT
VANDERBILT UNIVERSITY 501 OXFORD HOUSE NASHVILLE,TN 372324632	62-0476822	501(C)(3)	19,000		N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL SCHOOL501 OXFORD HOUSE NASHVILLE, TN 372324632	62-0476822	501(C)(3)	19,000		N/A	N/A	GENERAL SUPPORT

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			
CHRIS MCLEAN EXECUTIVE VICE PRESIDENT & CFO	50 00			X				677,389	0	150,217
DONNA ABNEY EXECUTIVE VICE PRESIDENT	50 00			X				608,744	0	188,014
JERRY MALIOT SVP - CHIEF QUALITY OFFICER	50 00			X				545,093	0	70,541
SUSAN THURMOND SVP - CLINICAL EFFECTIVENESS	50 00			X				543,322	0	174,675
STEVE WEST SVP - COMMUNITY BENEFIT	50 00			X				452,755	0	96,574
GEORGE MAYZELL SVP - CHIEF PATIENT CARE OFFICER	50 00			X				442,108	0	110,335
ANDREW FOWLER SVP - INFORMATION SYSTEMS	50 00			X				436,814	0	109,446
DAVID BAYTOS SVP - MS & INTERNATIONAL HEALTHCARE SERVICES	50 00			X				434,357	0	112,488
CAROL ROSS-SPANG SVP - HUMAN RESOURCES	50 00			X				398,025	0	112,884
CATO JOHNSON SVP - CORPORATE AFFAIRS	50 00			X				394,543	0	97,984
ALEXANDER MACGREGOR SVP - CHIEF MEDICAL INFORMATION OFFICER	50 00			X				388,522	0	97,757
LYNN FIELD VICE PRESIDENT - CHIEF LEGAL OFFICER	50 00			X				239,991	0	50,487
GARY GUNDERSON SVP - FAITH & HEALTH	50 00			X				221,962	0	84,678
WILLIAM BREEN JR SVP - PHYSICIAN ALIGNMENT	50 00			X				209,154	0	39,024
DONNA HERRIN GRIFFITH FORMER SVP - CHIEF NURSING OFFICER	50 00			X				183,756	0	6,030
EDWARD RAFALSKI SVP - STRATEGIC PLANNING & MARKETING	50 00			X				157,899	0	25,200
LARRY SPRATLIN TREASURER	50 00			X				0	344,535	61,398
ELIZABETH OSTRIC EXECUTIVE DIRECTOR	50 00					X		307,116	0	36,800
MICHAEL NESBIT VICE PRESIDENT	50 00					X		278,199	0	59,897
LARRY FOGARTY VICE PRESIDENT	50 00					X		276,655	0	61,142
DAVID ROSENBAUM VICE PRESIDENT	50 00					X		248,693	0	46,789
MICHELLE COLLIS VICE PRESIDENT	50 00					X		213,795	0	48,488

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARY SHORB	(i) (ii)	786,833 0	429,991 0	345,637 0	607,274 0	11,227 0	2,180,962 0	318,274 0
CHRIS MCLEAN	(i) (ii)	454,106 0	189,193 0	34,090 0	136,949 0	13,268 0	827,606 0	30,579 0
DONNA ABNEY	(i) (ii)	397,983 0	177,680 0	33,081 0	178,428 0	9,586 0	796,758 0	26,670 0
JERRY MALIOT	(i) (ii)	343,008 0	110,292 0	91,793 0	57,711 0	12,830 0	615,634 0	82,163 0
SUSAN THURMOND	(i) (ii)	364,226 0	138,508 0	40,588 0	169,149 0	5,526 0	717,997 0	32,602 0
STEVE WEST	(i) (ii)	309,104 0	120,489 0	23,162 0	83,970 0	12,604 0	549,329 0	16,045 0
GEORGE MAYZELL	(i) (ii)	333,135 0	103,358 0	5,615 0	97,624 0	12,711 0	552,443 0	0 0
ANDREW FOWLER	(i) (ii)	266,846 0	105,362 0	64,606 0	99,911 0	9,535 0	546,260 0	60,719 0
DAVID BAYTOS	(i) (ii)	302,718 0	114,701 0	16,938 0	99,893 0	12,595 0	546,845 0	12,715 0
CAROL ROSS-SPANG	(i) (ii)	268,471 0	105,199 0	24,355 0	100,366 0	12,518 0	510,909 0	19,054 0
CATO JOHNSON	(i) (ii)	248,806 0	102,864 0	42,873 0	88,539 0	9,445 0	492,527 0	36,581 0
ALEXANDER MACGREGOR	(i) (ii)	301,294 0	76,855 0	10,373 0	87,969 0	9,788 0	486,279 0	0 0
LYNN FIELD	(i) (ii)	192,729 0	44,658 0	2,604 0	41,307 0	9,180 0	290,478 0	0 0
GARY GUNDERSON	(i) (ii)	155,201 0	64,340 0	2,421 0	55,142 0	29,536 0	306,640 0	0 0
WILLIAM BREEN JR	(i) (ii)	162,613 0	45,000 0	1,541 0	33,686 0	5,338 0	248,178 0	0 0
DONNA HERRIN GRIFFITH	(i) (ii)	31,800 0	17,825 0	134,131 0	6,030 0	0 0	189,786 0	35,114 0
EDWARD RAFALSKI	(i) (ii)	127,388 0	29,743 0	768 0	20,170 0	5,030 0	183,099 0	0 0
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
ELIZABETH OSTRIC	(i) (ii)	264,514 0	42,602 0	0 0	28,629 0	8,171 0	343,916 0	0 0
MICHAEL NESBIT	(i) (ii)	219,674 0	47,372 0	11,153 0	47,632 0	12,265 0	338,096 0	9,552 0
LARRY FOGARTY	(i) (ii)	216,813 0	50,242 0	9,600 0	48,889 0	12,253 0	337,797 0	8,572 0
DAVID ROSENBAUM	(i) (ii)	181,157 0	42,864 0	24,672 0	37,647 0	9,142 0	295,482 0	20,903 0
MICHELLE COLLIS	(i) (ii)	160,960 0	39,780 0	13,055 0	37,123 0	11,365 0	262,283 0	10,813 0