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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ 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)

Room/suite

1211 UNION AVENUE NO 700

City or town, state or country, and ZIP + 4

MEMPHIS, TN 38104

F Name and address of principal officer

GARY SHORB

1211 UNION AVENUE NO 700

MEMPHIS, TN 38104

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.METHODISTHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1982

M State of legal domicile

TN

Part I

Summary

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)	3	26		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,106		
	6	Total number of volunteers (estimate if necessary)	6	0		
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	898,243		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-11,837		
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9	Program service revenue (Part VIII, line 2g)	194,991		510,869	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,287,961		117,471,887	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,707,712		15,104,602	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,737,425		3,141,740	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	145,928,089		136,229,098	
Net Assets or Fund Balances	14	Benefits paid to or for members (Part IX, column (A), line 4)	965,663		1,113,466	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	79,451,563		83,015,508	
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0		0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,741,852		45,047,563	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	120,159,078		129,176,537	
	19	Revenue less expenses Subtract line 18 from line 12	25,769,011		7,052,561	
	20	Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
	21	Total liabilities (Part X, line 26)	778,036,497		765,533,350	
	22	Net assets or fund balances Subtract line 21 from line 20	791,175,019		873,941,551	
			-13,138,522		-108,408,201	

Part II

Signature Block

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

Sign Here

Signature of officer

2012-11-09

Date

CHRISTOPHER MCLEAN EXEC VP / CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

AMY BIBBY

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00445891

Firm's name (or yours if self-employed), address, and ZIP + 4

DIXON HUGHES GOODMAN LLP
500 RIDGEFIELD COURT
ASHEVILLE, NC 28806

EIN

56-0747981

Phone no

(828) 254-2254

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission

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

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

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

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

If “Yes,” describe these changes on Schedule O

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 3,520,639 including grants of \$ 1,113,466) (Revenue \$ 117,590,415)
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.	

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
IN ADDITION, PLEASE VISIT OUR WEBSITE FOR A POSTING OF THE MOST CURRENT COMMUNITY BENEFIT REPORT AT WWW.METHODISTHEALTH.ORG/ARTICLES/COMMUNITY-INVOLVEMENT	



















4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

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

4e	Total program service expenses \$ 3,520,639
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III.</i> 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	223
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a1,106
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bYes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b
c	Enter the aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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 SUITE 600 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 organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	8,782,577	755,271	2,278,008

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 117

		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PEOPLE 20 GLOBAL INC PO BOX 536853 ATLANTA, GA 30353	NURSING STAFF	1,957,426
FIRSTSOURCE SOLUTIONS USA LLC 6455 RELIABLE PKWY CHICAGO, IL 60686	COLLECTIONS	1,390,746
SULLIVAN BRANDING 85 UNION AVE MEMPHIS, TN 38103	MARKETING/ ADVERTISING	1,177,071
CORPORATE PAYMENT SYSTEMS PO BOX 790428 ST LOUIS, MO 63179	CREDIT PROCESSING	1,014,157
SENN DELANEY LEADERSHIP CONSULTING 3780 KILROY AIRPORT WAY 80 LONG BEACH, CA 90806	LEADERSHIP TRAINING	948,562
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 23		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	195,395				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	315,474				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			510,869			
Program Service Revenue			Business Code					
	2a	AFFILIATE MANAGEMENT	900099	118,421,244	118,421,244			
	b	INVESTMENT IN SUBSIDIA	900099	-949,357	-949,357			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			117,471,887			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			14,152,716	11,983	14,140,733	
	4	Income from investment of tax-exempt bond proceeds . .			951,886		951,886	
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		391,545						
		b Less rental expenses						
		0						
	c	Rental income or (loss)						
	391,545							
	d	Net rental income or (loss)			391,545		391,545	
	7a	(i) Securities		(ii) Other				
		b Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ 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	2,631,667		886,260	1,745,407		
b	HEALTHSOUTH SERVICES	900099	118,528	118,528				
c								
d	All other revenue							
e	Total. Add lines 11a-11d			2,750,195				
12	Total revenue. See Instructions			136,229,098	117,590,415	898,243	17,229,571	

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

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 United States See Part IV, line 21	1,113,466	1,113,466		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,472,016		7,472,016	
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	59,028,405	8,627,697	50,400,708	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,753,291		4,753,291	
9	Other employee benefits	7,519,176	1,375,939	6,143,237	
10	Payroll taxes	4,242,620	634,538	3,608,082	
11	Fees for services (non-employees)				
a	Management				
b	Legal	844,836		844,836	
c	Accounting	68,555	455	68,100	
d	Lobbying	466,835		466,835	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	15,371,151	274,114	15,097,037	
12	Advertising and promotion	3,257,603		3,257,603	
13	Office expenses	13,908,401	8,919,960	4,988,441	
14	Information technology	10,382,206	15,696	10,366,510	
15	Royalties				
16	Occupancy	3,892,580	515,289	3,377,291	
17	Travel	611,637	109,549	502,088	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	631,953	145,978	485,975	
20	Interest	498,269	2,700	495,569	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,760,248	141,361	11,618,887	
23	Insurance	515,417	16,960	498,457	
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	MISCELLANEOUS EXPENSES	844,417	355	844,062	
b	RECRUITMENT	366,873		366,873	
c	EXPENSE TRANSFERS	-18,373,418	-18,373,418		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	129,176,537	3,520,639	125,655,898	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10	1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			24,727,500	4	26,969,738
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	100,000
	8	Inventories for sale or use			68,141	8	65,087
	9	Prepaid expenses and deferred charges			2,228,608	9	4,398,759
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	143,287,741			
	b	Less: accumulated depreciation	10b	99,454,502	49,921,034	10c	43,833,239
	11	Investments—publicly traded securities			612,063,104	11	557,467,157
	12	Investments—other securities. See Part IV, line 11			62,026,919	12	109,900,917
	13	Investments—program-related. See Part IV, line 11			9,333,990	13	6,498,548
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			17,667,191	15	16,299,905
	16	Total assets. Add lines 1 through 15 (must equal line 34)			778,036,497	16	765,533,350
Liabilities	17	Accounts payable and accrued expenses			94,065,788	17	83,216,646
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			522,780,000	20	510,575,000
	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			3,087,691	23	0
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			171,241,540	25	280,149,905
	26	Total liabilities. Add lines 17 through 25			791,175,019	26	873,941,551
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			-13,138,522	27	-108,408,201
	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			-13,138,522	33	-108,408,201
	34	Total liabilities and net assets/fund balances			778,036,497	34	765,533,350

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	136,229,098
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,176,537
3	Revenue less expenses Subtract line 2 from line 1	3	7,052,561
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-13,138,522
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-102,322,240
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	-108,408,201

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

2011

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 **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									122,328,368

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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	<input type="checkbox"/>
b	33 1/3% support test—2010. 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	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. 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	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. 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	<input type="checkbox"/>
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	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or 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 PART I, LINE 11(H) THE ORGANIZATION PROVIDES SUPPORT FOR ITS SUPPORTED ORGANIZATIONS BY PROVIDING EXPENSE REIMBURSEMENTS AND MANAGMENT 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 TAX YEAR, WITH THE EXCEPTIONS BELOW WHICH INCLUDE DIRECT TRANSFERS TO EQUITY - METHODIST HEALTHCARE-FAYETTE HOSPITAL EXPENSE REIMBURSEMENT 781,044 EQUITY TRANSFER 548,286 TOTAL 1,329,330 - ALLIANCE HEALTH SERVICES, INC EXPENSE REIMBURSEMENT 1,130,124 EQUITY TRANSFER 3,913,178 TOTAL 5,043,302

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		113716248
(B) METHODIST HEALTHCARE- FAYETTE HOSPITAL	620862334	3	Yes		Yes		Yes		1329330
(C) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	621403517	9	Yes		Yes		Yes		722520
(D) ALLIANCE HEALTH SERVICES INC	620841121	9	Yes		Yes		Yes		5043302
(E) METHODIST EXTENDED CARE HOSPITAL INC	621518342	3	Yes		Yes		Yes		1516968
(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, Special Condition Description:

Special Condition Description

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
DAVID BECKLEY PHD BOARD MEMBER	2 00	X						0	0	0
REV HARRY DURBIN SR BOARD MEMBER (PARTIAL YEAR)	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 (PARTIAL YEAR)	2 00	X						0	0	0
REV CHESTER JONES BOARD MEMBER (PARTIAL YEAR)	2 00	X						0	0	0
MARY JO KIRPATRICK BOARD MEMBER	2 00	X						0	0	0
MARK 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
JOSE 'VELAZ' QUEZ BOARD MEMBER	2 00	X						0	0	0
STEVE WISHNIA BOARD MEMBER	2 00	X						0	0	0
CYNTHIA DAVIS BOARD MEMBER	2 00	X						0	0	0
JIMMIE MANCELL BOARD MEMBER	2 00	X						0	479,176	41,302
JEAN CLAUDE LOISEAU MD BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUSH WALLER MD BOARD MEMBER	2 00	X						0	0	0
STEVE SCHWAB MD BOARD MEMBER	2 00	X						0	0	0
CARTER TOWNE BOARD CHAIRMAN	2 00	X						0	0	0
GARY SHORB PRESIDENT & CEO	50 00	X		X				1,116,469	0	592,112
CHRISTOPHER MCLEAN EXECUTIVE VICE PRESIDENT & CFO	50 00			X				621,300	0	136,733
LARRY SPRATLIN TREASURER	2 00			X				0	276,095	62,960
DONNA ABNEY EXECUTIVE VICE PRESIDENT	50 00				X			589,167	0	184,826
JERRY MALIOT SVP - CHIEF QUALITY OFFICER	50 00				X			591,061	0	41,745
SUSAN THURMOND SVP - CLINICAL EFFECTIVENESS	50 00				X			508,751	0	152,509
STEVE WEST SVP - COMMUNITY BENEFIT	50 00				X			417,051	0	89,839
GEORGE MAYZELL SVP - CHIEF PATIENT CARE OFFICER	50 00				X			442,376	0	78,937
ANDREW FOWLER SVP - INFORMATION SYSTEMS	50 00				X			371,417	0	55,116
DAVID BAYTOS SVP - MS & INTERNATIONAL HEALTHCARE	50 00				X			419,414	0	105,017
CAROL ROSS-SPANG SVP - HUMAN RESOURCES	50 00				X			372,380	0	86,277
CATO JOHNSON SVP - CORPORATE AFFAIRS	50 00				X			426,148	0	68,016
ALEXANDER MACGREGOR SVP - CHIEF MEDICAL INFORMATION OFFICER	50 00				X			446,214	0	89,164
LYNN FIELD VICE PRESIDENT - CHIEF LEGAL OFFICER	50 00				X			226,932	0	47,534
GARY GUNDERSON SVP - FAITH & HEALTH	50 00				X			223,720	0	62,439
WILLIAM BREEN JR SVP - PHYSICIAN ALIGNMENT	50 00				X			383,583	0	72,608
EDWARD RAFALSKI SVP - STRATEGIC PLANNING & MARKETING	50 00				X			271,982	0	56,064
ELIZABETH OSTRIC EXECUTIVE DIRECTOR	50 00					X		369,345	0	34,040
MICHAEL NESBIT VICE PRESIDENT	50 00					X		277,493	0	62,137
LARRY FOGARTY VICE PRESIDENT	50 00					X		269,489	0	58,119
DAVID ROSENBAUM VICE PRESIDENT	50 00					X		237,802	0	50,132
MICHELLE COLLIS VICE PRESIDENT	50 00					X		200,483	0	50,382

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

2011

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, line 35c (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
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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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		466,835
j Total lines 1c through 1i				466,835
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 LOBBYING ACTIVITIES	PART II-B, LINE 1	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 \$466,835. 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)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

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 ▶ \$ _____

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

1b

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

2b

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				
1b	Contributions				
1c	Investment earnings or losses				
1d	Grants or scholarships				
1e	Other expenditures for facilities and programs				
1f	Administrative expenses				
1g	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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,195,293		13,195,293
1b Buildings		4,241,382	2,803,661	1,437,721
1c Leasehold improvements		2,960,257	2,609,770	350,487
1d Equipment		121,954,538	94,041,071	27,913,467
1e Other		936,271		936,271
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				43,833,239

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

51

3

Enter total number of other organizations listed in the line 1 table ▶

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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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
ALZHEIMER'S ASSOCIATION3960 KNIGHT ARNOLD STE 215A MEMPHIS, TN 381186013	58-1479626	501(C)(3)	5,000				GOLD STAR SPONSORSHIP
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS, TN 381043623	13-1788491	501(C)(3)	20,000				HARRAH'S HOPE LODGE SUPPORT

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

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AMERICAN HEART ASSOCIATIONPO BOX 4002900 DES MOINES, TN 503402900		501(C)(3)	54,500				GENERAL EVENT SUPPORT AND SPONSORSHIP
AMERICAN LIVER FOUNDATION39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	6,500				FLAVORS OF MEMPHIS

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

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APRIL 4TH FOUNDATIONPO BOX 3267 MEMPHIS,TN 38173	62-1843078	N/A	5,000				SILVER SPONSOR, 4TH ANNUAL GALA
ARTHRITIS FOUNDATION209 10TH AVENUE SOUTH STE 228 NASHVILLE,TN 372030000	38-3806275	501(C)(3)	6,000				SILVER LEVEL SPONSORSHIP

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

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BLUFF CITY MEDICAL SOCIETYPO BOX 17924 MEMPHIS, TN 381870924	58-1618327	501(C)(3)	5,000				ANNUAL LECTURE PROGRAM
BOYS & GIRLS CLUB OF GREATER MEMPHIS44 S REMBERT ST MEMPHIS, TN 381044004	62-0646371	501(C)(3)	10,000				GOLF TOURNAMENT SUPPORT DONATION

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

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CHICKASAW COUNCIL171 S HOLLYWOOD MEMPHIS, TN 381124899	62-0499713	501(C)(3)	7,000				FRIENDS OF SCOUTING & DELTA DISTINGUISHED CITIZEN SPONSORSHIP
CHRIST COMMUNITY HEALTH SERVICES 2595 CENTRAL AVE MEMPHIS, TN 381045905	62-1583270	501(C)(3)	10,000				FAMILY MATTER VISION/MISSION

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

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CHRISTIAN MEDICAL AND DENTAL ASSOCIATION2023 W HOUSTON WAY GERMANTOWN,TN 381396933	36-2284267	501(C)(3)	5,000				GOLF TOURNAMENT GOLD SPONSORSHIP
COUNCIL OF STATE GOVERNMENT			5,000				EVENT SPONSORSHIP

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

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DELTA SIGMA THETA SORORITY INC807 WALKER AVE BOX 97 MEMPHIS, TN 381266510	62- 6079215	501(C)(3)	5,000				OBESITY WORKSHOP
FACING HISTORY & OURSELVES16 HURD RD BROOKLINE, MA 02445	04- 2761636	501(C)(3)	5,000				BENEFIT DINNER SPONSORSHIP

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
FIRE MUSEUM OF MEMPHIS118 ADAMS AVE MEMPHIS, TN 381032012	62-1557551	501(C)(3)	20,000				FIRE SAFTEY SPONSORSHIP PLEDGE
GERMANTOWN PERFORMING ARTS CENTER1801 EXETER RD GERMANTOWN, TN 381382934	58-1652763	501(C)(3)	10,000				JADE SPONSORSHIP 2011 GALA

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
GIRLS INCORPORATED OF MEMPHIS2670 UNION AVE EXTENDED MEMPHIS, TN 381124426	62-0512078	501(C)(3)	5,000				SPONSORSHIP 2011 CELEBRATION LUNCHEON
GREATER MEMPHIS CHAMBER OF COMMERCE22 N FRONT ST STE 200 MEMPHIS, TN 381032100	62-0291250	501(C)(6)	31,500				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
HAITI MEDICAL MISSIONS OF MEMPHIS1179 KIRBY PKWY 1 PMB 355 MEMPHIS,TN 381380000	62-1822470	501(C)(3)	10,000				GENERAL SUPPORT
HEALTHY MEMPHIS COMMON TABLE 3175 LENOX PARK BLVD STE 309 MEMPHIS,TN 381154291	62-1820264	501(C)(3)	10,000				ANNUAL MEETING SPONSORSHIP

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

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INDIA ASSOCIATION OF MEMPHIS5740 FOX BEND AVE MEMPHIS,TN 381153509	58-1489754	501(C)(3)	10,000				INDIAFEST 2011
LEADERSHIP ACADEMY22 N FRONT ST STE 500 MEMPHIS,TN 381032156	58-1607228	501(C)(3)	10,000				PLEDGE YEAR 5 OF 5

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
LEADERSHIP MEMPHIS119 S MAIN ST STE 425 MEMPHIS, TN 381033673	62-1043517	501(C)(3)	20,250				CORPORATE SPONSORSHIP/ OFFICE EXPANSION
LIBERTY BOWL FESTIVAL ASSOCIATION3767 NEW GETWELL RD MEMPHIS, TN 381186013	62-6064769	501(C)(4)	6,000				LIBERTY BOWL SPONSORSHIP

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
LE BONHEUR COMMUNITY HEALTH & WELL-BEING50 PEABODY PLACE MEMPHIS, TN 38103	62-1251288	501(C)(3)	5,000				"MAKE A SPLASH" DIVERSITY SUPPORT AND SWIM CLINIC
MARCH OF DIMES		501(C)(3)	15,000				ANNUAL MARCH GENERAL SUPPORT

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

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MEMPHIS BIOWORKS FOUNDATION20 S DUDLEY STE 900 MEMPHIS,TN 381034904	62- 1858660	501(C)(3)	65,000				GRANT
MEMPHIS BOTANIC GARDEN FOUNDATION750 CHERRY RD MEMPHIS,TN 381174608	23- 7159172	501(C)(3)	10,000				CHILDREN'S GARDEN CAPITAL CAMPAIGN

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

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MEMPHIS BROOKS MUSEUM OF ART1934 POPLAR AVE MEMPHIS,TN 381042756	62- 6063304	501(C)(3)	7,500				2011 LIGHT FESTIVAL
MEMPHIS BUSINESS GROUP ON HEALTH5050 POPLAR AVE STE 509 MEMPHIS,TN 381570509	62- 1241760	501(C)(3)	5,000				2011 ANNUAL CONFERENCE SPONSORSHIP

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

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MEMPHIS JEWISH COMMUNITY CENTER6560 POPLAR AVE MEMPHIS,TN 381383614	62-0481800	501(C)(3)	25,000				YEAR 4 OF 10 YEAR PLEDGE
MEMPHIS MUSEUMS INC (PINK PALACE) 3050 CENTRAL AVE MEMPHIS,TN 381113399	62-0801926	501(C)(3)	5,000				GEORGE WASHINGTON CARVER EXHIBIT

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

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MEMPHIS SHELBY CRIME COMMISSION600 JEFFERSON AVE STE 400 MEMPHIS, TN 38105	62-1693848	501(C)(3)	5,000				GENERAL SUPPORT
MEMPHIS THEOLOGICAL SEMINARY168 E PARKWAY S MEMPHIS, TN 381044340	62-6012228	501(C)(3)	5,000				SCHOLARSHIP DINNER 2011

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

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MEMPHIS TOMORROW22 N FRONT ST STE 670 MEMPHIS,TN 381032168	62-1867308	501(C)(3)	75,000				MEMPHIS FASTFORWARD YEAR 4 PLEDGE
MID SOUTH MINORITY BUSINESS158 MADISON AVE STE 300 MEMPHIS,TN 381032682	62-1198163	501(C)(3)	75,000				MEMPHIS BUSINESS ACADEMY/ ECONOMIC DEVELOPMENT FAIR HOSTING SPONSOR

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

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NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE4805 MOUNT HOPE DR BALTIMORE, MD 21215	13-1084135	501(C)(3)	27,500				FREEDOM FUND GALA 2011
LORRAINE CIVIL RIGHTS MUSEUM FOUNDATION450 MULBERRY ST MEMPHIS, TN 381034214	58-1484027	501(C)(3)	112,500				2ND AND 3RD INSTALLMENT OF FIVE-PART GRANT/ 20TH ANNIV FREEDOM AWARD

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

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NATIONAL MULTIPLE SCLEROSIS SOCIETY214 OVERLOOK CIR STE 153 BRENTWOOD, TN 370273215	62-0693217	501(C)(3)	6,000				GENERAL SPONSORSHIP
NORTHWEST MISSISSIPPI COMMUNITY315 LOSHER ST SUITE 100 HERNANDO, MS 38632	94-3421724	501(C)(3)	5,000				DIVISION OF NURSING BUILDING, NW MS

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

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RUST COLLEGE150 RUST AVE HOLLY SPRINGS, MS 38635	64-0303805	501(C)(3)	10,000				FIRST OF FIVE ANNUAL PLEDGES
SHELBY FARMS PARK CONSERVANCY500 N PINE LAKE DR MEMPHIS, TN 381347970	26-0350397	501(C)(3)	50,000				CONSERVANCY CAPITAL CAMPAIGN

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

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SOUTHWEST TN COMMUNITY COLLEGE FOUNDATION5983 MACON CV MEMPHIS, TN 381347642	62-1105769	501(C)(3)	50,000				NURSING NATURAL SCIENCES PLEDGE
SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA, GA 30315	58-0566243	501(C)(3)	5,000				SCHOLARSHIP FUNDING

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

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ST JOHNS UNITED METHODIST CHURCH1207 PEABODY AVE MEMPHIS, TN 381044507		501(C)(3)	17,125				OUTREACH MINISTRY SUPPORT/ NICARAGUA MISSION TRIP
SUSAN G KOMEN FOR THE CURE6685 POPLAR AVE STE 205 GERMANTOWN, TN 381383698	75-1835298	501(C)(3)	7,500				RACE FOR THE CURE SILVER SPONSOR

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

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TEACH FOR AMERICAONE COMMERCE SQ STE 1190 MEMPHIS, TN 381032500		501(C)(3)	10,000				TEACH FOR AMERICA SPONSORSHIP
TENNESSEE EMERGENCY MEDICAL ASSOCIATION			10,000				EDUCATION CONFERENCE AND STAR OF LIFE DINNER

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

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TENNESSEE MEDICAL ASSOCIATION2301 21ST AVE S NASHVILLE, TN 37212	62-0382010	501(C)(3)	50,000				GENERAL SUPPORT
TENNESSEE MEDICAL FOUNDATIONPO BOX 120909 NASHVILLE, TN 372120909	62-0541813	501(C)(3)	5,000				GENERAL SUPPORT

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

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TRI-STATE DEFENDER			5,000				LET'S MOVE MEMPHIS SPONSORSHIP
UNIVERSITY OF MEMPHIS ALUMNI			6,100				CENTENNIAL TIGER STATUE, OTHER GENERAL

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

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UNIVERSITY OF MEMPHIS FOUNDATIONONE N FRONT ST MEMPHIS, TN 381032189	62-6048540	501(C)(3)	5,250				THE HOOKS INSTITUTE
UNIVERSITY OF TENNESSEE FOUNDATION600 HENLEY ST STE 100 KNOXVILLE, TN 37996	62-1844686	501(C)(3)	11,000				THE HOOKS INSTITUTE

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

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VANDERBILT UNIVERSITY MEDICAL SCHOOL 501 OXFORD HOUSE NASHVILLE, TN 372324632	62-0476822	501(C)(3)	19,000				GENERAL SUPPORT
WINGS CANCER FOUNDATION100 N HUMPHREYS BLVD MEMPHIS, TN 381202146	62-1742388	501(C)(3)	6,000				BET AGAINST BREAST CANCER EVENT

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

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WOMEN'S FOUNDATION FOR A GREATER MEMPHIS8 S 3RD STE 110 MEMPHIS, TN 381036600	58-2207247	501(C)(3)	5,000				GOLD SPONSOR GOLF TOURNAMENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input 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 checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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								

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 2011 INCLUDE THE FOLLOWING: GARY SHORB - \$ 91,481; CHRISTOPHER MCLEAN - 54,104; DONNA ABNEY - 48,365; SUSAN THURMOND - 45,389; STEVE WEST - 25,362; GEORGE MAYZELL - 40,662; ANDREW FOWLER - 31,386; DAVID BAYTOS - 35,811; CAROL ROSS-SPANG - 33,494; ALEXANDER MACGREGOR - 39,840; LARRY SPRATLIN - 18,629; MICHAEL NESBIT - 17,785; LARRY FOGARTY - 17,532; LYNN FIELD - 11,700; GARY GUNDERSON - 18,801; MICHELLE COLLIS - 13,071; WILLIAM BREEN JR - 41,205; EDWARD RAFALSKI - 28,025.
	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.

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				
JIMMIE MANCELL	(i)	0	0	0	0	0	0	0
	(ii)	348,774	0	130,402	14,700	26,602	520,478	0
GARY SHORB	(i)	791,018	251,322	74,129	583,580	8,532	1,708,581	54,000
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER MCLEAN	(i)	465,323	114,042	41,935	123,432	13,301	758,033	36,815
	(ii)	0	0	0	0	0	0	0
LARRY SPRATLIN	(i)	0	0	0	0	0	0	0
	(ii)	233,595	19,825	22,675	49,659	13,301	339,055	19,312
DONNA ABNEY	(i)	409,263	102,830	77,074	171,911	12,915	773,993	71,064
	(ii)	0	0	0	0	0	0	0
JERRY MALIOT	(i)	401,435	77,803	111,823	28,324	13,421	632,806	95,301
	(ii)	0	0	0	0	0	0	0
SUSAN THURMOND	(i)	378,748	79,975	50,028	147,803	4,706	661,260	41,841
	(ii)	0	0	0	0	0	0	0
STEVE WEST	(i)	310,320	78,691	28,040	76,298	13,541	506,890	22,404
	(ii)	0	0	0	0	0	0	0
GEORGE MAYZELL	(i)	339,143	97,218	6,015	65,516	13,421	521,313	0
	(ii)	0	0	0	0	0	0	0
ANDREW FOWLER	(i)	262,207	60,832	48,378	46,086	9,030	426,533	44,409
	(ii)	0	0	0	0	0	0	0
DAVID BAYTOS	(i)	303,111	65,755	50,548	91,716	13,301	524,431	46,258
	(ii)	0	0	0	0	0	0	0
CAROL ROSS-SPANG	(i)	281,195	60,899	30,286	72,856	13,421	458,657	24,881
	(ii)	0	0	0	0	0	0	0
CATO JOHNSON	(i)	252,658	56,192	117,298	58,866	9,150	494,164	110,738
	(ii)	0	0	0	0	0	0	0
ALEXANDER MACGREGOR	(i)	332,000	68,684	45,530	80,134	9,030	535,378	35,002
	(ii)	0	0	0	0	0	0	0
LYNN FIELD	(i)	194,993	31,862	77	38,504	9,030	274,466	0
	(ii)	0	0	0	0	0	0	0
GARY GUNDERSON	(i)	180,515	39,365	3,840	49,138	13,301	286,159	0
	(ii)	0	0	0	0	0	0	0
WILLIAM BREEN JR	(i)	344,360	37,070	2,153	68,262	4,346	456,191	0
	(ii)	0	0	0	0	0	0	0
EDWARD RAFALSKI	(i)	241,765	29,040	1,177	51,718	4,346	328,046	0
	(ii)	0	0	0	0	0	0	0

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				
ELIZABETH OSTRIC	(i) (ii)	311,084 0	58,261 0	0 0	25,957 0	8,083 0	403,385 0	0 0
MICHAEL NESBIT	(i) (ii)	225,974 0	35,158 0	16,361 0	48,476 0	13,661 0	339,630 0	12,537 0
LARRY FOGARTY	(i) (ii)	221,555 0	35,712 0	12,222 0	44,458 0	13,661 0	327,608 0	10,284 0
DAVID ROSENBAUM	(i) (ii)	178,678 0	30,294 0	28,830 0	41,102 0	9,030 0	287,934 0	21,376 0
MICHELLE COLLIS	(i) (ii)	163,384 0	27,957 0	9,142 0	37,587 0	12,795 0	250,865 0	6,862 0

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

DLN: 93493317018852

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(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		83,975,000				26,040,000		
2	Amount of bonds defeased		130,655,000								
3	Total proceeds of issue		165,819,186		90,936,468		271,554,862		113,405,614		
4	Gross proceeds in reserve funds		16,300,327		2,326,939		10,193,575		11,815,533		
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrow		139,003,546								
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		100,014,058		
12	Other unspent proceeds										
13	Year of substantial completion		2005		2005		2010		1998		
14	Were the bonds issued as part of a current refunding issue?		Yes	No	Yes	No	Yes	No	Yes	No	
				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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		X	X			

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

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Schedule K (Form 990) 2011

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			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X	X			
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					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 %		0 150 %		0 070 %			
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 %			
6	Total of lines 4 and 5	0 %		0 150 %		0 070 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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	15 600000000000		12 600000000000		29 400000000000			
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

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

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 AS FOLLOWS BOND [A] SALE PROCEEDS \$ 161,400,000 INVESTMENT EARNINGS 4,419,186 TOTAL TO LINE 3 \$ 165,819,186 BOND [B] SALE PROCEEDS \$ 89,000,000 INVESTMENT EARNINGS 1,936,468 TOTAL TO LINE 3 \$ 90,936,468 BOND [C] SALE PROCEEDS \$ 270,000,000 INVESTMENT EARNINGS 1,554,862 TOTAL TO LINE 3 \$ 271,554,862 BOND [D] SALE PROCEEDS \$ 112,198,412 INVESTMENT EARNINGS 1,207,202 TOTAL TO LINE 3 \$ 113,405,614
SCHEDULE K, PART II, LINE 6		AMOUNTS REPORTED IN ESCROW ARE HELD TO ADVANCE REFUND A PRIOR ISSUE ON 09/01/12 THE ISSUE TO BE REFUNDED WAS ORIGINALLY ISSUED ON 04/17/02
SCHEDULE K, PART II, LINE 11		OTHER SPENT PROCEEDS REPRESENTS AMOUNTS USED TO CURRENTLY REFUND PRIOR ISSUES BOND [C] \$ 65,615,000 TO CURRENTLY REFUND BONDS ISSUED 09/15/04 BOND [D] \$ 100,014,058 TO CURRENTLY REFUND BONDS ISSUED IN 1985, 1995, AND 1998
SCHEDULE K, PART III, BOND [D]		THE PROCEEDS OF THE BONDS REPORTED IN COLUMN [D] WERE USED ENTIRELY TO REFUND BOND ISSUES DATED PRIOR TO JANUARY 1, 2003 (EXCEPT AMOUNTS USED FOR COSTS OF ISSUANCE AND RESERVE FUNDS AS NOTED IN PART II), THEREFORE, PART III IS NOT APPLICABLE TO THE BONDS IN COLUMN [D]

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

2011

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	709,396	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

2011

**Open to Public
Inspection**

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number

58-1454711

Identifier	Return Reference	Explanation
CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>BY FAR, THE LARGEST PERCENTAGE OF MLH IS THE MHMH HOSPITALS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS INCLUDES METHODIST UNIVERSITY HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL AND LE BONHEUR CHILDREN'S HOSPITAL. EACH OF THOSE ENTITIES GIVES MUCH TO THE COMMUNITY EACH YEAR AND IS SUPPORTED BY METHODIST LE BONHEUR HEALTHCARE. IN 2011, METHODIST LE BONHEUR HEALTHCARE PROVIDED MORE THAN \$145, 518,057 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. MEDICAL EDUCATION AND RESEARCH: METHODIST LE BONHEUR HEALTHCARE SUPPORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S MEDICAL CENTER, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL. THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST. THESE TRAINEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES. THE TOTAL BUDGET OF THE GRADUATE MEDICAL EDUCATIONAL PROGRAMS' SUPPORT IN 2010 VIA METHODIST HEALTHCARE WAS APPROXIMATELY \$26 MILLION. CHURCH HEALTH CENTER: AS AN EARLY SUPPORTER OF THE CHURCH HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN ITS MISSION TO SERVE THE WORKING POOR. FROM ITS BEGINNINGS AS A PROJECT OF ST. JOHN'S UNITED METHODIST CHURCH AND OF DR. SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS. METHODIST HEALTHCARE IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR. METHODIST HELPS SUPPORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE. CHRIST COMMUNITY HEALTH SERVICES HAS FOCUSED ON FULFILLING THE PHYSICAL, SPIRITUAL AND EMOTIONAL NEEDS OF THE POOR, THE UNINSURED AND THE HOMELESS IN MEMPHIS SINCE 1995. THROUGH STRATEGICALLY PLACED HEALTH CARE CENTERS AND OUTREACH PROGRAMS, THEY PROVIDE HIGH-QUALITY HEALTH CARE AND OTHER SERVICES TO THOUSANDS OF PATIENTS, CAREGIVERS, STUDENTS AND FAMILIES EACH YEAR. METHODIST PROVIDED \$8,748,782 MILLION IN UNREIMBURSED CHARGES FOR PATIENTS OF THE CHURCH HEALTH CENTER AND CHRIST COMMUNITY. METHODIST SUPPORTED "THE MEMPHIS PLAN" IN 2011 WITH \$8,871,992 IN FUNDS. THE MEMPHIS PLAN IS THE CHURCH HEALTH CENTER'S EMPLOYER-SPONSORED HEALTHCARE PLAN FOR SMALL BUSINESSES AND THE SELF-EMPLOYED. HOWEVER, IT IS NOT HEALTH INSURANCE. BY RELYING ON DONATED SERVICES FROM VOLUNTEER DOCTORS, AREA HOSPITALS AND LABORATORIES, THE MEMPHIS PLAN OFFERS UNINSURED PEOPLE IN LOWER-WAGE JOBS ACCESS TO QUALITY, AFFORDABLE HEALTHCARE. THIS INCLUDES PRIMARY AND SPECIALTY CARE, HOSPITALIZATION AND OTHER MEDICAL SERVICES. THE MEMPHIS PLAN PROVIDES HEALTHCARE FOR UNINSURED WORKING PEOPLE WHO FALL THROUGH THE CRACKS OF THE CURRENT HEALTHCARE SYSTEM BECAUSE THEY EARN TOO MUCH TO QUALIFY FOR STATE OR FEDERAL PROGRAMS. IT ALSO ANSWERS THE NEED OF SMALL BUSINESS OWNERS WHO CARE ABOUT THEIR EMPLOYEES BUT CANNOT AFFORD TO PROVIDE TRADITIONAL HEALTH INSURANCE. WITH THE MEMPHIS PLAN, EMPLOYERS CAN PROVIDE AN ESSENTIAL BENEFIT WHILE ENHANCING JOB PRODUCTIVITY AND RETAINING VALUED EMPLOYEES. DUE TO SPACE AND STAFFING LIMITATIONS, THE CHURCH HEALTH CENTER CLINIC CAN SERVE ONLY A PORTION OF THE GROWING NUMBER OF WORKING UNINSURED PEOPLE IN MEMPHIS. BECAUSE MEMPHIS PLAN VOLUNTEER DOCTORS SEE PATIENTS IN THEIR OWN OFFICES, THE CHURCH HEALTH CENTER IS ABLE TO EXPAND ITS ABILITY TO SERVE THOSE IN NEED. METHODIST UNIVERSITY HOSPITAL HOSTED TWO EDUCATION SYMPOSIUMS FOR THE EMS COMMUNITY: "WHEN EVERY SECOND COUNTS" PRE-HOSPITAL CARE CARDIAC SYMPOSIUM ON MAY 19, 2011, WITH 177 ATTENDEES AND "WHEN EVERY SECOND COUNTS" PRE-HOSPITAL CARE NEURO SYMPOSIUM ON NOVEMBER 17, 2011 WITH 195 ATTENDEES. TOTAL COST OF THESE OFFERINGS WAS \$62,896.36. FAITH AND HEALTH DIVISION: THE FAITH AND HEALTH DIVISION, THOUGH PART OF THE CORPORATE DIVISION, FULFILLS ITS MISSION IN OUR MHMH HOSPITALS AND IN THE COMMUNITY, PARTICULARLY THROUGH AREA CHURCHES. IT IS RESPONSIBLE FOR THE CONTINUUM OF PASTORAL SERVICES WHICH INCLUDE THOSE OFFERED INSIDE THE WALLS OF OUR HOSPITALS AS WELL AS THROUGH PARTNERSHIPS WITH CONGREGATIONS AND COMMUNITY PARTNERS. HEALTH AND WELFARE MINISTRIES: HOSTS SEVERAL PROGRAMS AIMED AT CLERGY, PHYSICIANS AND LAY PERSONS AND WORKS CLOSELY TO INVOLVE THE COMMUNITY IN MANY ASPECTS OF HEALING, PUBLIC HEALTH AND HEALTH AWARENESS. THIS DIVISION - PROVIDED SPEAKERS ON HEALTH TOPICS FOR EVENTS AT A NUMBER OF AREA VENUES INCLUDING MISSISSIPPI BLVD. CHRISTIAN CHURCH, SHEPHERD CHRISTIAN CENTER, TABERNACLE OF PRAISE CHURCH, Z</p>

Identifier	Return Reference	Explanation
CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>ION CHURCH, AND ASBURY UNITED METHODIST CHURCH - PARTICIPATED IN NUMEROUS HEALTH FAIRS SE RVING A TOTAL OF 875 INDIVIDUALS - PROVIDED COMMUNITY HEALTH EDUCATION FOR 3,973 INDIVIDU ALS THE DIVISION WORKS CLOSELY WITH THE UNITED METHODIST GLOBAL BOARD OF GLOBAL MINISTRIE S BY COORDINATING SEVERAL OF ITS NATIONAL NETWORKS OF HEALTH MINISTRIES AND COOPERATES IN INTERNATIONAL MINISTRIES IN AFRICA AND RUSSIA AND WITH MISSION HOSPITALS THROUGHOUT THE WO RLD METHODIST HEALTHCARE FOUNDATION THE FOUNDATION RAISES FUNDS TO BENEFIT AND STRENGTHEN THE METHODIST HOSPITAL PROGRAMS AND CENTERS OF EXCELLENCE FUNDS RAISED ENHANCE CLINICAL AND RESEARCH INITIATIVES, UNDERWRITE COSTS FOR FACILITIES, TECHNICIANS AND EQUIPMENT AND B RIDGE THE GAP BETWEEN WHAT HOSPITAL CHARGES COVER AND WHAT IS NECESSARY TO STAY ON THE CUT TING EDGE OF MEDICAL SCIENCE IN 2011, THE FOUNDATION PROVIDED \$2,571,271 IN SUPPORT OF TH ESE PROGRAMS, ALL WHICH BENEFITED THE COMMUNITY HERE ARE SOME HIGHLIGHTS RECEIVED \$150,0 00 GRANT FROM SUSAN G KOMEN FOUNDATION TO FUND BREAST SCREENING AND DIAGNOSTIC TESTING FO R UNDERSERVED WOMEN IN MEMPHIS -- 250 WOMEN RECEIVED FREE SCREENINGS KOMEN RECENTLY EXTEN DED THE GRANT A YEAR WITH AN ADDITIONAL GRANT OF \$108,634, WHICH WILL ALSO COVER TREATMENT RAISED \$107,000 AT METHODIST HEALTHCARE FOUNDATION GOLF CLASSIC STARTED BY MORRISON MANA GEMENT SPECIALISTS MONIES RAISED ARE EARMARKED IN PART FOR METHODISTS NEW COMPREHENSIVE S ICKLE CELL CENTER SET TO OPEN IN FALL OF 2012 PARTNERING WITH NBA TEAM, THE MEMPHIS GRIZZ LIES AND PLAYER MIKE CONLEY , A BOWL N BASH WAS HELD WHICH RAISED MONEY FOR THE SICKLE CELL CENTER HIS WORK RESULTED IN A \$5,000 GIFT FROM HIM AND THE MEMPHIS GRIZZLIES ORGANIZATIO N RAISED A RECORD-BREAKING \$507,032 FOR THE HUMANITARIAN FUND CAMPAIGN SET UP IN 1976, T HE FUND IS A COLLECTIVE WAY FOR ASSOCIATES TO PROVIDE SUPPORT FOR CO-WORKERS IN NEED AWAR DED COLLEGE SCHOLARSHIPS TO CHILDREN AND DEPENDENTS OF ASSOCIATES WHO PLAN TO PURSUE A CAR EER IN A HEALTH-RELATED FIELD OF STUDY IN 2011, THE FOUNDATION PRESENTED 19 SCHOLARSHIPS TOTALING \$22,000 METHODIST AND THE FOUNDATION SUPPORT LIFELONG LEARNING FOR OUR PHY SICIANS LAST YEAR WE OFFERED 73 PROGRAMS AND 1,346 HOURS OF TRAINING A TOTAL OF 15,652 PHY SICIANS AND 3,567 OTHER CAREGIVERS ATTENDED IN 2011 THE PHY SICIANS' RESEARCH NETWORK HAD 503 OPEN CLINICAL RESEARCH PROTOCOLS, 147 OF WHICH WERE NEW STUDIES THE PRN OPERATES UNDER TH E UMBRELLA OF THE METHODIST HEALTHCARE FOUNDATION AND FACILITATES ADULT AND PEDIATRIC RESE ARCH WITHIN THE HOSPITALS PRN PROVIDES STUDY COORDINATION, SUPPORT SERVICES, AND REGULATO RY ASSISTANCE TO INVESTIGATORS MANAGING INPATIENT AND OUTPATIENT CLINICAL RESEARCH TRIALS</p>

Identifier	Return Reference	Explanation
		<p>LE BONHEUR FOUNDATION THE LE BONHEUR FOUNDATION, IN PARTNERSHIP WITH DONORS AND VOLUNTEERS, PROMOTES PHILANTHROPIC INVESTMENT TO SUPPORT LE BONHEUR CHILDREN'S HOSPITAL'S MISSION OF PROVIDING HIGH QUALITY PATIENT CARE, RESEARCH AND ADVOCACY IN 2011 THE FOUNDATION RAISED \$8,435,000 ITS THREE MAJOR PROJECTS ARE LE BONHEUR CAPITAL CAMPAIGN - SINCE 2005, THE LE BONHEUR FOUNDATION HAS BEEN INVOLVED IN A \$113 MILLION CAPITAL CAMPAIGN TO ASSIST IN RAISING THE FUNDS NEEDED FOR THE NEW LE BONHEUR CHILDRENS HOSPITAL WHICH OPENED IN 2010 - FEDEX FAMILY HOUSE, AND - CHILDREN'S MIRACLE NETWORK HOSPITALS RELATIONSHIP A TOTAL OF \$159,800 IN GRANTS WAS RECEIVED FOR A VARIETY OF RESEARCH PROJECTS METHODIST PLACES A STRONG EMPHASIS ON EDUCATION ENCOURAGES ASSOCIATES TO PARTICIPATE IN THE MEMPHIS CITY SCHOOLS' ADOPT-A-SCHOOL PROGRAM AND EACH HOSPITAL SUPPORTS SCHOOLS WITHIN ITS SERVICE AREA ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - PROVIDE FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS METHODIST LE BONHEUR HEALTHCARE SUPPORTS COMMUNITY EVENTS METHODIST LE BONHEUR ENCOURAGES ASSOCIATES TO PARTICIPATE IN COMMUNITY CAUSES SUCH AS - HEART WALK - \$41,453 92 - OPERATION FEED FOR MEMPHIS FOOD BANK - \$15,542 51 - WEAR RED DAY FOR AMERICAN HEART ASSOCIATION - \$3,129 70 - SALVATION ARMY ANGEL TREE - 125 ANGELS SUPPLIER DIVERSITY PROGRAM WE ARE ALSO COMMITTED TO SUPPLIER DIVERSITY, MEANING DIRECT PURCHASING FROM LOCAL MINORITY AND WOMEN-OWNED BUSINESSES FROM 1999 TO 2011, MLH SPENDING WITH MINORITY AND WOMEN OWNED VENDORS HAS GROWN FROM 4 % TO OVER 15% OF ANNUAL SPENDING TOTAL MINORITY AND WOMEN VENDOR SPENDING IN 2011 WAS \$17 MILLION WITH SIGNIFICANT CONTINUED PARTICIPATION BY MINORITY AND WOMEN OWNED FIRMS IN THE NUMEROUS CONSTRUCTION AND RENOVATION PROJECTS TAKING PLACE ACROSS THE METHODIST LE BONHEUR HEALTHCARE SYSTEM METHODIST HAS BEEN RECOGNIZED FOR SETTING THE STANDARD FOR SUCCESSFUL PARTNERING BY THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC), THE BLACK BUSINESS ASSOCIATION (BBA), THE SMALL BUSINESS ADMINISTRATION, THE MEMPHIS BUSINESS DEVELOPMENT CORPORATION AND PREMIER, OUR NATIONAL GROUP PURCHASING ORGANIZATION</p>

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 COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL VOTING BOARD MEMBERS AND APPLICABLE OFFICERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE BOARD OF DIRECTORS. AN EXTERNAL INDEPENDENT CONSULTANT ADVISES THE BOARD COMPENSATION COMMITTEE ON EXECUTIVE SALARY AND INCENTIVE COMPENSATION. BENEFITS ARE PERIODICALLY BENCHMARKED BY A SEPARATE EXTERNAL CONSULTANT AND ANY CHANGES ARE APPROVED BY THE BOARD OF DIRECTORS COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS AND IS A SUBGROUP OF THE FULL BOARD OF DIRECTORS. THE COMPENSATION CONSULTANT ANNUALLY DEVELOPS TOTAL CASH COMPENSATION COMPARISONS OF PEER NON-PROFIT SYSTEMS ESTABLISHED BY THE COMPENSATION COMMITTEE. THE COMPENSATION CONSULTANT INTERPRETS THE INFORMATION AND PROVIDES AN OPINION OF REASONABLENESS ON THE TOTAL CASH COMPENSATION PACKAGE. THE COMPENSATION COMMITTEE APPROVES ANY CHANGES TO THE COMPENSATION AND EXECUTIVE BENEFIT STRUCTURE OF THE CEO AND OTHER TOP EXECUTIVES, OTHERWISE KNOWN AS DISQUALIFIED CANDIDATES. ALL OTHER COMPENSATION DECISIONS ARE DETERMINED BY ARRANGEMENT AS DELEGATED BY THE BOARD OF DIRECTORS. THE COMMITTEE DOCUMENTS ALL DETERMINATIONS.

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED IN A CONSOLIDATION WITH ITS 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	NET UNREALIZED LOSSES ON INVESTMENTS -70,809,037 CHANGE IN VALUE OF MINIMUM PENSION LIABILITY -85,812,723 EQUITY TRANSFERS FROM AFFILIATES 54,299,520 TOTAL TO FORM 990, PART XI, LINE 5 -102,322,240

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

2011

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) Disproportionate 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, MS 38654 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, TN 38128 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, TN 38138 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, TN 38103 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, TN 38104 62-1157166	MEDICAL SERVICES	TN	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	C	8,757,750	8,531,949	100 000 %
(2) SOLUS MANAGEMENT SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	AMBULATORY OPERATIONS INC	C	1,694,575	3,211,346	100 000 %
(3) MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1847544	INVESTMENTS	TN	AMBULATORY OPERATIONS INC	C	544,788	7,666,939	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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

No

No

Yes

No

Yes

Yes

Yes

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

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

Schedule R (Form 990) 2011

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
	PART IV, COLUMNS (F) AND (G)	AMBULATORY OPERATIONS, INC , SOLUS MANAGEMENT SERVICES, INC , AND MEMPHIS PROFESSIONAL BUILDING, INC TOGETHER FILE A CONSOLIDATED TAX RETURN AMBULATORY OPERATIONS, INC IS THE PARENT CORPORATION OF THE GROUP THE AMOUNT SHOWN IN PART IV FOR COLUMNS (F) AND (G) ARE SHOWN PRE-CONSOLIDATION

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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION 850 POPLAR AVENUE BLDG 2 MEMPHIS, TN 38105 62-1872938	FOUNDATION	TN	501(C) (3)	LINE 11A, I	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVENUE SUITE 450 MEMPHIS, TN 38104 23-7320638	FOUNDATION	TN	501(C) (3)	LINE 11A, I	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-FAYETTE HOSPITAL 214 LAKEVIEW DRIVE SOMERVILLE, TN 38068 62-0862334	HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST EXTENDED CARE HOSPITAL INC 225 SOUTH CLAYBROOK MEMPHIS, TN 38104 62-1518342	HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE- JONESBORO HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 71-0499625	INACTIVE HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1403517	OUTPATIENT HEALTHCARE	TN	501(C) (3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 58-2078931	OUTPATIENT HEALTHCARE	TN	501(C) (3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE	Yes	
LE BONHEUR COMMUNITY HEALTH AND WELL-BEING 50 PEABODY PLACE MEMPHIS, TN 38103 62-1251288	FOUNDATION	TN	501(C) (3)	LINE 7	LE BONHEUR CHILDREN'S FOUNDATION	Yes	
METHODIST HEALTHCARE- DYERSBURG HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 62-1155084	INACTIVE HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
ALLIANCE HEALTH SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-0841121	HEALTHCARE	TN	501(C) (3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE CENTRAL MS MEDICAL ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0884720	INACTIVE HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-JACKSON HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0794199	INACTIVE HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-MIDDLE MISSISSIPPI HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0698911	INACTIVE HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE - MEMPHIS HOSPITALS 1265 UNION AVENUE MEMPHIS, TN 38104 62-0479367	HOSPITAL	TN	501(C) (3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	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 HOSPITALS	K	17,469,477	INTERCOMPANY TRANSACTION
(2) METHODIST HEALTHCARE-FAYETTE HOSPITAL	K	249,693	INTERCOMPANY TRANSACTION
(3) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	K	267,880	INTERCOMPANY TRANSACTION
(4) ALLIANCE HEALTH SERVICES INC	K	117,462	INTERCOMPANY TRANSACTION
(5) METHODIST EXTENDED CARE HOSPITAL	K	109,629	INTERCOMPANY TRANSACTION
(6) METHODIST HEALTHCARE FOUNDATION	K	66,982	INTERCOMPANY TRANSACTION
(7) METHODIST HEALTHCARE - MEMPHIS HOSPITALS	P	113,716,248	INTERCOMPANY TRANSACTION
(8) METHODIST HEALTHCARE-FAYETTE HOSPITAL	P	781,044	INTERCOMPANY TRANSACTION
(9) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	P	722,520	INTERCOMPANY TRANSACTION
(10) ALLIANCE HEALTH SERVICES INC	P	1,130,124	INTERCOMPANY TRANSACTION
(11) METHODIST EXTENDED CARE HOSPITAL	P	1,516,968	INTERCOMPANY TRANSACTION
(12) LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION	P	45,732	INTERCOMPANY TRANSACTION
(13) LE BONEHUR COMMUNITY HEALTH & WELL-BEING	P	172,296	INTERCOMPANY TRANSACTION
(14) SOLUS MANAGEMENT SERVICES INC	P	111,420	INTERCOMPANY TRANSACTION
(15) AMBULATORY OPERATIONS INC	P	207,000	INTERCOMPANY TRANSACTION
(16) ALLIANCE HEALTH SERVICES INC	Q	3,913,178	EQUITY TRANSFER
(17) METHODIST HEALTHCARE-FAYETTE HOSPITAL	Q	548,286	EQUITY TRANSFER
(18) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	R	751,727	EQUITY TRANSFER
(19) METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES	R	615,994	EQUITY TRANSFER
(20) METHODIST EXTENDED CARE HOSPITAL	R	1,560,213	EQUITY TRANSFER

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
(21)	METHODIST HEALTHCARE - MEMPHIS HOSPITALS	R	55,835,960	EQUITY TRANSFER