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Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

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

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



















4a	(Code)	(Expenses \$ 5,709,071 including grants of \$ 2,545,628)	(Revenue \$ 121,476,684)
<p>AT METHODIST LE BONHEUR HEALTHCARE (MLH), WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO FULFILLING OUR SOCIAL RESPONSIBILITY BY GIVING BACK TO THE COMMUNITY IN A MEANINGFUL WAY MLH HAS CONTINUED 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, PROVIDING ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY IS VERY IMPORTANT TO US PLEASE SEE OUR EXTENDED DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS IN SCHEDULE O</p>			

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	5,709,071
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see 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? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	263	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.	1,186	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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	25	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 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?	16a	Yes
b	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?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
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 during the tax year
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 or note to any line in this Part VII ☒

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	9,705,551	1,211,963	2,934,375

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 in 2013: 131

		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
TURNER CONSTRUCTION 336 JAMES RECORD RD SW HUNTSVILLE AL 35824	GENERAL CONTRACTING	40,988,780
CERNER CORPORATION PO BOX 412702 KANSAS CITY MO 64141	SYSTEMS MAINTENANCE	13,414,406
PEOPLE 20 GLOBAL INC PO BOX 536853 ATLANTA GA 30353	NURSING STAFF	6,063,400
FIRSTSOURCE SOLUTIONS USA LLC 6455 RELIABLE PKWY CHICAGO IL 60686	COLLECTIONS	1,224,876
SULLIVAN BRANDING 175 TOYOTA PLAZA STE 600 MEMPHIS TN 38103	BRANDING SERVICES	1,164,272

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 ▶25

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	252,695					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	80,035					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f		332,730					
Program Service Revenue	2a	AFFILIATE MANAGEMENT	Business Code 900099	120,413,712	120,413,712				
	b	INVESTMENT IN SUBSIDIARIES	900099	1,062,972	1,062,972				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		121,476,684					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,019,451		16,019,451		
4		Income from investment of tax-exempt bond proceeds		871,188		871,188			
5		Royalties							
6a		Gross rents	(i) Real	(ii) Personal					
			384,291						
			b	Less rental expenses				0	
			c	Rental income or (loss)				384,291	
d		Net rental income or (loss)		384,291		384,291			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			b	Less cost or other basis and sales expenses					
			c	Gain or (loss)					
d		Net gain or (loss)							
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
			b	Less direct expenses				b	
			c	Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses				b	
			c	Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a						
	b		Less cost of goods sold	b					
	c		Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code							
11a	MISCELLANEOUS REVENUE	900099	3,825,768		956,628	2,869,140			
b	HEALTHSOUTH SERVICES	900099	168,286			168,286			
c									
d	All other revenue								
e	Total. Add lines 11a-11d		3,994,054						
12	Total revenue. See Instructions		143,078,398	121,476,684	956,628	20,312,356			

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).

Check if Schedule O contains a response or note to any line 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.	2,545,628	2,545,628		
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.	10,579,111		10,579,111	
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.	61,286,488	9,072,217	52,214,271	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,325,979		7,325,979	
9	Other employee benefits.	7,515,284	1,414,482	6,100,802	
10	Payroll taxes.	4,593,268	712,522	3,880,746	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,364,866		1,364,866	
c	Accounting.	65,385		65,385	
d	Lobbying.	526,133		526,133	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,771,570	391,157	13,380,413	
12	Advertising and promotion.	2,913,282	702,370	2,210,912	
13	Office expenses.	15,013,075	9,750,406	5,262,669	
14	Information technology.	11,288,169	25,373	11,262,796	
15	Royalties.				
16	Occupancy.	3,831,723	559,287	3,272,436	
17	Travel.	730,719	162,304	568,415	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	379,042	86,203	292,839	
20	Interest.	-2,267,188		-2,267,188	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	8,975,274	220,840	8,754,434	
23	Insurance.	574,879	15,461	559,418	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	RECRUITMENT	781,166		781,166	
b	MISCELLANEOUS EXPENSES	365,161	3,890	361,271	
c	MEDICAL SUPPLIES	196,758	196,758		
d	BAD DEBT	168,950	168,950		
e	All other expenses	-20,318,777	-20,318,777		
25	Total functional expenses. Add lines 1 through 24e.	132,205,945	5,709,071	126,496,874	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		29,704,361	4	35,512,168
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		100,000	7	100,000
	8	Inventories for sale or use		80,287	8	83,873
	9	Prepaid expenses and deferred charges		4,495,497	9	4,152,339
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	164,948,019		
	b	Less accumulated depreciation	10b	114,967,963	84,346,577	10c 49,980,056
	11	Investments—publicly traded securities		669,953,714	11	616,141,571
	12	Investments—other securities See Part IV, line 11		165,511,652	12	209,457,159
	13	Investments—program-related See Part IV, line 11		14,782,057	13	16,494,039
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17,946,070	15	17,827,114
	16	Total assets. Add lines 1 through 15 (must equal line 34)		986,920,215	16	949,748,319
Liabilities	17	Accounts payable and accrued expenses		92,899,147	17	77,067,437
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		595,124,633	20	580,238,782
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		284,103,416	25	102,934,935
	26	Total liabilities. Add lines 17 through 25		972,127,196	26	760,241,154
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		14,793,019	27	189,507,165
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		14,793,019	33	189,507,165
	34	Total liabilities and net assets/fund balances		986,920,215	34	949,748,319

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,078,398
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,205,945
3	Revenue less expenses Subtract line 2 from line 1	3	10,872,453
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,793,019
5	Net unrealized gains (losses) on investments	5	63,451,940
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	100,389,753
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	189,507,165

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 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	
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	
3b	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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
WILLIAM ORGEL	5 00	X						0	0	0
BOARD MEMBER	0 00									
HEATHER SWANSON MD	2 00	X						0	308,361	13,071
BOARD MEMBER	38 00									
GARY SHORB	44 00	X		X				1,501,939	0	654,286
PRESIDENT & CEO	6 00									
JEAN CLAUDE LOISEAU MD	3 00	X						0	368,209	14,010
BOARD MEMBER	37 00									
MICHAEL UGWUEKE	48 00			X				617,269	0	125,149
CHIEF OPERATING OFFICER	2 00									
CHRISTOPHER MCLEAN	36 00			X				1,045,559	0	170,882
CFO/TREASURER	14 00									
NIKKI POLIS	44 00			X				296,561	0	66,424
SVP - CHIEF NURSING OFFICER	6 00									
LARRY SPRATLIN	2 00			X				0	216,417	130,091
VP - TREASURER	38 00									
DONNA ABNEY	48 00				X			647,000	0	268,532
EXECUTIVE VICE PRESIDENT	2 00									
SUSAN THURMOND	48 00				X			560,969	0	164,804
SVP - CHIEF QUALITY OFFICER	2 00									
GEORGE MAYZELL	48 00				X			183,563	0	41,071
SVP - PRESIDENT OF HEALTH CHOICE	2 00									
DAVID BAYTOS	20 00				X			485,603	0	242,778
SVP - MS	30 00									
CAROL ROSS-SPANG	48 00				X			446,451	0	119,853
SVP - HUMAN RESOURCES	2 00									
CATO JOHNSON	48 00				X			411,482	0	113,695
SVP - CORPORATE AFFAIRS	2 00									
ALEXANDER MACGREGOR	48 00				X			579,728	0	99,267
SVP - CMIO	2 00									
WILLIAM BREEN	48 00				X			413,280	0	91,553
SVP - PHYSICIAN ALIGNMENT	2 00									
LYNN FIELD	32 00				X			294,774	0	57,654
VP - CHIEF LEGAL OFFICER	8 00									
JOHN MITCH GRAVES	48 00				X			400,048	0	103,585
SVP - AFFILIATED AFFAIRS	2 00									
EDWARD RAFALSKI	48 00				X			297,678	0	77,673
SVP - MARKETING	2 00									
ELIZABETH OSTRIC	40 00					X		309,896	0	40,312
EXECUTIVE DIRECTOR										
MICHAEL NESBIT	40 00					X		303,276	0	124,308
VICE PRESIDENT										
LARRY FOGARTY	20 00									
VICE PRESIDENT	30 00					X		327,361	0	71,211
DAVID ROSENBAUM	40 00									
VICE PRESIDENT						X		341,650	0	54,223
EUGENE CASHMAN III	40 00									
VICE PRESIDENT						X		241,464	0	37,797

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									119,920,416

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
PART I, LINE 11(H)	THE ORGANIZATION PROVIDES SUPPORT FOR ITS SUPPORTED ORGANIZATIONS BY PROVIDING EXPENSE REIMBURSEMENTS AND MANAGMENET 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 466,776 EQUITY TRANSFER 1,461,146 TOTAL 1,927,922 - METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL EXPENSE REIMBURSEMENT 367,000 EQUITY TRANSFER 102,191,376 TOTAL 102,558,376 - ALLIANCE HEALTH SERVICES, INC EXPENSE REIMBURSEMENT 1,103,484 EQUITY TRANSFER 493,207 TOTAL 1,596,691

Additional Data

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

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(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						11556515
(A) METHODIST HEALTHCARE- FAYETTE HOSPITAL	620862334	3	Yes						1927922
(B) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	621403517	9	Yes						654972
(C) ALLIANCE HEALTH SERVICES INC	620841121	9	Yes						1596691
(D) METHODIST EXTENDED CARE HOSPITAL INC	621518342	3	Yes						1625940
(E) METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES	582078931	9	Yes						0
(F) METHODIST HEALTHCARE - OLIVE BRANCH HOSPITAL	640889822	3	Yes						102558376

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?	Yes		526,133
j Total. Add lines 1c through 1i.				526,133
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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 \$526,133. SPECIFIC AMOUNTS USED TO ENGAGE IN EACH OF THE ACTIVITIES IN LINE 1C-I IS UNKNOWN, AS THEY WERE PERFORMED BY THIRD PARTIES.

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

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

3b
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 8,668,362 | | 8,668,362 |
| b Buildings | | 6,922,440 | 3,492,771 | 3,429,669 |
| c Leasehold improvements | | 4,108,088 | 2,925,595 | 1,182,493 |
| d Equipment | | 132,057,261 | 108,549,597 | 23,507,664 |
| e Other | | 13,191,868 | | 13,191,868 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 49,980,056 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	306,920,091
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	63,451,940
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	100,389,753
e	Add lines 2a through 2d	2e	163,841,693
3	Subtract line 2e from line 1	3	143,078,398
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	143,078,398

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	132,205,945
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	132,205,945
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	132,205,945

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	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.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF MINIMUM PENSION LIABILITY 133,080,246. EQUITY TRANSFER TO AFFILIATES -32,690,493.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated 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

38

3

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

25

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.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE IN ACCORDANCE WITH THE METHODIST LE BONHEUR HEALTHCARE MISSION STATEMENT OF PROVIDING RESOURCES TO EXTEND HEALTH CARE THROUGH THE METHODIST LE BONHEUR HEALTHCARE SERVICE AREA ALL GRANT REQUESTS ARE REVIEWED AND APPROVED BY A GROUP OF EXECUTIVES CONSISTING OF THE CEO, COO, CFO AND EVP OF METHODIST LE BONHEUR HEALTHCARE

Additional Data

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
GEIGER - MPIMIDSOUTH 427 KATHERINE DRIVE FLOWOOD, MS 39232	01-0233894	N/A	33,119				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
AMERICAN CANCER SOCIETY 1378 UNION AVE MEMPHIS, TN 381043623	13-1788491	501(C)(3)	55,000				HARRAH'S HOPE LODGE 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
MARCH OF DIMES 5384 POPLAR AVENUE SUITE 107 MEMPHIS,TN 38119	13-1846366	501(C)(3)	15,000				MARCH OF DIMES FOR BABIES EVENT

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
TEACH FOR AMERICA 175 TOYOTA PLAZA SUITE 350 MEMPHIS, TN 381032500	13-3541913	501(C)(3)	5,000				TEACH FOR AMERICA 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
AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES,TN 503402900	13-5613797	501(C)(3)	47,000				GENERAL EVENT SUPPORT AND 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
MEMPHIS BOTANIC GARDEN FOUNDATION 750 CHERRY RD MEMPHIS,TN 381174608	23-7159172	501(C)(3)	10,000				CHILDREN'S GARDEN CONTRIBUTION

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
SHELBY FARMS PARK CONSERVANCY 500 N PINE LAKE DR MEMPHIS,TN 381347970	26-0350397	501(C)(3)	95,000				SUPPORT FOR PHASE ONE OF THE SHELBY FARMS PARK

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
VICTORIAN VILLAGE INC 671 JEFFERSON AVENUE MEMPHIS, TN 38105	32-0179390	501(C)(3)	20,000				VICTORIAN VILLAGE INC COMMUNITY DEVELOPMENT

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
CHRISTIAN MEDICAL AND DENTAL ASSOCIATION 2023 W HOUSTON WAY GERMANTOWN, TN 381396933	36-2284267	501(C)(3)	6,000				SUPPORT CMDA FALL BANQUET & GOLF CLASSIC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CIVIL RIGHTS MUSEUM 450 MULBERRY MEMPHIS, TN 38103	58-1484027	501(C)(3)	115,000				2012 FREEDOM AWARD CEREMONY & 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
BLUFF CITY MEDICAL SOCIETY PO BOX 17924 MEMPHIS, TN 381870924	58-1618327	501(C)(3)	5,000				ANNUAL LECTURE PROGRAM

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
GERMANTOWN PERFORMING ARTS CENTER 1801 EXETER RD GERMANTOWN, TN 381382934	58-1652763	501(C)(3)	16,500				GPAC SEASON SPONSORSHIP, AND GPAC 2012-2013 SHOW 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
GREATER MEMPHIS CHAMBER OF COMMERCE 22 N FRONT ST STE 200 MEMPHIS, TN 381032100	62-0291250	501(C)(6)	62,175				SUPPORT

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

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YMCA OF MEMPHIS & THE MID SOUTH 6373 QUAIL HOLLOW SUITE 201 MEMPHIS, TN 38120	62-0476304	501(C)(3)	5,000				2013 YMCA CONTRIBUTION

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

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CHRISTIAN BROTHERS UNIVERSITY 650 E PARKWAY SOUTH MEMPHIS, TN 38104	62-0476666	501(C)(3)	100,000				PHYSICIANS ASSISTANT PROGRAM

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 CENTER 6560 POPLAR AVE MEMPHIS, TN 381383614	62-0481800	501(C)(3)	125,000				SUPPORT THROUGH MULTI YEAR PLEDGE

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
CHICKASAW COUNCIL 171 S HOLLYWOOD MEMPHIS, TN 381124899	62-0499713	501(C)(3)	5,000				2013 FRIENDS OF SCOUTING EVENT

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 MEMPHIS 2670 UNION AVE EXTENDED MEMPHIS,TN 381124426	62-0512078	501(C)(3)	5,000				SUPPORT CELEBRATION LUNCHEON

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
TENNESSEE MEDICAL FOUNDATION PO BOX 120909 NASHVILLE, TN 372120909	62-0541813	501(C)(3)	5,000				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
SOUTHERN COLLEGE OF OPTOMETRY 1245 MADISON AVENUE MEMPHIS,TN 38104	62-0548917	501(C)(3)	10,000				SUPPORT ENVISION PROGRESS CAPITAL CAMPAIGN

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
MEMPHIS BRANCH NAACP 588 VANCE AVENUE MEMPHIS, TN 38126	62-0637884	N/A	26,800				MEM BRANCH NAACP ACTIVITIES

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 203 BEALE STREET SUITE 200 MEMPHIS, TN 38103	62-0639679	N/A	5,650				BENEFACTOR SPONSOR- 2013 HEALTH FAIR

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
BOYS & GIRLS CLUB OF GREATER MEMPHIS 44 S REMBERT ST MEMPHIS, TN 381044004	62-0646371	501(C)(3)	10,000				GOLF TOURNAMENT SUPPORT DONATION, AND BGCM STEAK N' BURGER EVENT

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
ST JUDE CLASSIC 3325 CLUB AT SOUTHWIND MEMPHIS, TN 38125	62-0676258	501(C)(3)	5,500				SUPPORT THE PRO-AM COMPETITIONS

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
UNITED METHODIST NEIGHBORHOOD 3000 WALNUT GROVE ROAD MEMPHIS,TN 38111	62-0794812	501(C)(3)	5,000				SUPPORT THROUGH MULTI YEAR PLEDGE

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
BALLETT MEMPHIS 7950 TRINITY ROAD MEMPHIS, TN 38018	62-1018942	501(C)(3)	40,000				SUPPORT BALLET MEMPHIS

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

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LEADERSHIP MEMPHIS 119 S MAIN ST STE 425 MEMPHIS,TN 381033673	62-1043517	501(C)(3)	7,900				SCHOLARSHIPS

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
MID-SOUTH MINORITY BUSINESS COUNCIL 158 MADISON AVE STE 300 MEMPHIS,TN 381032682	62-1198163	501(C)(3)	78,000				2013 MEMPHIS BUSINESS ACADEMY, AND 2013 ECONOMIC DEVELOPMENT FORUM

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
MEMPHIS BUSINESS GROUP ON HEALTH 5050 POPLAR AVE STE 509 MEMPHIS,TN 381570509	62-1241760	501(C)(3)	5,000				2012 ANNUAL MBGH CONFERENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF HEALTH PO BOX 40051 MEMPHIS, TN 381740051	62-1312239	501(C)(3)	7,500				NAHSE ANNUAL CONFERENCE

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 MEMPHIS 118 ADAMS AVE MEMPHIS, TN 381032012	62-1557551	501(C)(3)	20,000				PAYMENT #3 FIRE SAFETY SIGN SPONSORSHIP

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

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CHRISTIAN COMMUNITY HEALTH SERVICES 2595 CENTRAL AVE MEMPHIS, TN 381045905	62-1583270	501(C)(3)	15,000				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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COMMUNITY ALLIANCE FOR THE HOMELESS 44 NORTH SECOND STREET STE302 MEMPHIS,TN 38103	62-1616145	501(C)(3)	7,500				PROJECT HOMELESS CONNECT PROGRAM SUPPORT, AND 100K HOMES PROJECT 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
MEMPHIS SHELBY CRIME COMMISSION 600 JEFFERSON AVE STE 400 MEMPHIS,TN 38105	62-1693848	501(C)(3)	5,000				SUPPORT MEMPHIS SHELBY CRIME COMMISSION

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

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WINGS CANCER FOUNDATION 100 N HUMPHREYS BLVD MEMPHIS,TN 381202146	62-1742388	501(C)(3)	10,000				BET AGAINST BREAST CANCER SPONSORSHIP

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

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HEALTHY MEMPHIS COMMON TABLE 3175 LENOX PARK BLVD STE 309 MEMPHIS,TN 381154291	62-1820264	501(C)(3)	86,000				2013 SUPPORT "TRIPLE AIM" PROGRAM

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

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APRIL 4TH FOUNDATION PO BOX 3267 MEMPHIS,TN 38173	62-1843078	501(C)(3)	7,500				APRIL 4TH COMMEMORATION EVENT

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

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MEMPHIS TOMORROW 22 N FRONT ST STE 670 MEMPHIS,TN 381032168	62-1867308	501(C)(3)	50,000				MEMPHIS FASTFORWARD YEAR 5 PLEDGE

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

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MEMPHIS THEOLOGICAL SEMINARY 168 E PARKWAY S MEMPHIS, TN 381044340	62-6012228	501(C)(3)	5,000				SUPPORT DR HENRY LOGAN STARKS SCHOLARSHIP, CPR TRAINING EQUIPMENT

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 FOUNDATION ONE N FRONT ST MEMPHIS,TN 381032189	62-6048540	501(C)(3)	207,500				DELTA EVERYTHING SOUTHERN CONFERENCE

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

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FAMILIES MATTER 2595 CENTRAL AVE MEMPHIS, TN 38104	90-0793480	501(C)(3)	5,000				SUPPORT

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

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NORTHWEST MISSISSIPPI COMMUNITY 315 LOSHER ST SUITE 100 HERNANDO, MS 38632	94-3421724	501(C)(3)	5,000				2ND INSTALLMENT FOR DIVISION OF NURSING BUILDING @

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

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ARTHRITIS FOUNDATION 5352 ESTATE OFFICE PARK DRIVE SUITE 1 MEMPHIS,TN 38119	58-1341679	501(C)(3)	5,000				2013 ARTHRITIS WALK MEMPHIS

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

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AUTOZONE LIBERTY BOWL 959 RIDGEWAY LOOP ROAD SUITE 101 MEMPHIS, TN 38120	62-6064769	501(C)(4)	6,750				2013 AUTOZONE LIBERTY BOWL

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

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CHURCH HEALTH CENTER OF MEMPHIS 1210 PEABODY AVENUE MEMPHIS,TN 38104	58-1716113	501(C)(3)	10,250				GOLD SPONSORSHIP CHURCH HEALTH CONFERENCE

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

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DELTA BOULE SOUTHEAST REGIONAL 1450 POPLAR AVENUE MEMPHIS, TN 38104	20-7501921	501(C)(3)	5,000				SPONSORSHIP

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

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ETW EDUCATION THAT WORKS LLC 61 N MCLEAN BLVD MEMPHIS, TN 38104	62-0845508	501(C)(3)	10,000				ETW SPONSORSHIP FOR 2012-2013

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

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GOVERNORS FOUNDATION FOR HEALTH PO BOX 198198 MEMPHIS,TN 37219	45-3635908	501(C)(3)	150,000				GOVERNOR'S FOUNDATION FOR HEALTH & WELLNESS

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

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HATTILOO THEATRE 656 MARSHALL AVENUE MEMPHIS,TN 38103	20-4225394	501(C)(3)	25,000				HATTILOO THEATRE 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 BIOWORKS FOUNDATION 20 S DUDLEY AVENUE SUITE 900 MEMPHIS,TN 38103	62-1858660	501(C)(3)	100,000				SUPPORT

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

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KOMEN MEMPHIS MIDSOUTH AFFILIATE 6645 POPLAR AVENUE SUITE 205 MEMPHIS,TN 38138	75-2942859	501(C)(3)	10,000				SUPPORT THROUGH MULTI YEAR PLEDGE

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

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MEMPHIS PRE K INITIATIVE 1661 AARON BRENNER DRIVE SUITE 300 MEMPHIS, TN 38120	46-3503890	501(C)(3)	10,000				MLH PRE-K CAMPAIGN CONTRIBUTION

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

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NATIONAL BLACK CAUCUS OF STATE 444 N CAPITOL STREET NW SUITE 622 WASHINGTON,DC 20001	52-1218832	501(C)(3)	10,000				37TH ANNUAL LEGISLATIVE CONFERENCE

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

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NEW MEMPHIS INSTITUTE 22 NORTH FRONT STREET SUITE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	10,000				SUPPORT

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

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ORPHEUM THEATRE PO BOX 3370 MEMPHIS, TN 381730370	62-0983983	501(C)(3)	25,000				SUPPORT THROUGH MULTI YEAR PLEDGE

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

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OVERTON PARK CONSERVANCY 1914 POPLAR AVENUE SUITE 202 MEMPHIS, TN 38104	45-2031097	501(C)(3)	50,000				SUPPORT THROUGH MULTI YEAR PLEDGE

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

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PINK PALACE MUSEUM 3050 CENTRAL AVENUE MEMPHIS, TN 38111	62-0801926	501(C)(3)	5,000				RACE ARE WE SO DIFFERENT? EXHIBIT

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

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RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS, TN 38112	62-0476301	501(C)(3)	50,000				2013-14 METHODIST UNIVERSITY - DR PETER HOSSLER

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

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RIVERFRONT DEVELOPMENT CORP 22 NORTH FRONT STREET SUITE 960 MEMPHIS, TN 38103	62-1811726	501(C)(3)	12,500				CONTRIBUTION TO ISLAND PLAY AT BEALE STREET LANDING

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
RUST COLLEGE 150 RUST AVENUE HOLLY SPRINGS, MS 386352330	64-0303805	501(C)(3)	40,000				SUPPORT THROUGH MULTI YEAR PLEDGE

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
UNIVERSITY OF TENNESSEE COLLEGE 910 MADISON AVENUE SUITE 1002 MEMPHIS, TN 38163	62-6001636	170(C)(1)	150,000				UTHSC CARDIOVASCULAR PROGRAM

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
UNIVERSITY OF TENNESSEE HEALTH 62 S DUNLAP STREET ROOM 500 MEMPHIS, TN 38163	62-6001636	170(C)(1)	375,000				UT EDUCATIONAL OPPORTUNITIES

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
WOMENS FOUNDATION FOR A GREATER 40 S MAIN STREET SUITE 2380 MEMPHIS,TN 38103	58-2207247	501(C)(3)	5,000				2013 ANNUAL TRIBUTE LUNCHEON

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
METHODIST LE BONHEUR HEALTHCARE

Employer identification number
58-1454711

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	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 2013 INCLUDE THE FOLLOWING: FROM THE FILING ORGANIZATION: GARY SHORB - \$ 99,428; MICHAEL UGWUEKE - 58,102; CHRISTOPHER MCLEAN - 63,438; DONNA ABNEY - 50,508; NIKKI POLIS - 29,298; SUSAN THURMOND - 46,130; GEORGE MAYZELL - 11,692; DAVID BAYTOS - 37,778; CAROL ROSS-SPANG - 37,192; WILLIAM BREEN JR. - 38,999; LYNN FIELD - 13,621; JOHN "MITCH" GRAVES - 36,933; EDWARD RAFALSKI - 29,158; MICHAEL NESBIT - 19,063; LARRY FOGARTY - 20,357; EUGENE CASHMAN III - 13,852. FROM A RELATED ORGANIZATION: LARRY SPRATLIN - 8,977.
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.

Additional Data

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 MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	318,976	0	0	28,201	23,945	371,122	0
HEATHER SWANSON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	308,361	0	0	5,316	7,755	321,432	0
GARY SHORB PRESIDENT & CEO	(i)	853,222	396,923	251,794	635,294	18,992	2,156,225	349,043
	(ii)	0	0	0	0	0	0	0
JEAN CLAUDE LOISEAU MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	368,209	0	0	5,100	8,910	382,219	0
MICHAEL UGWUEKE CHIEF OPERATING OFFICER	(i)	448,899	130,784	37,586	100,574	24,575	742,418	29,266
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER MCLEAN CFO/TREASURER	(i)	322,715	398,719	324,125	147,479	23,403	1,216,441	147,610
	(ii)	0	0	0	0	0	0	0
NIKKI POLIS SVP - CHIEF NURSING OFFICER	(i)	242,920	49,817	3,824	59,124	7,300	362,985	0
	(ii)	0	0	0	0	0	0	0
LARRY SPRATLIN VP - TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	110,904	54,084	51,429	114,214	15,877	346,508	19,333
DONNA ABNEY EXECUTIVE VICE PRESIDENT	(i)	412,859	160,996	73,145	248,561	19,971	915,532	108,673
	(ii)	0	0	0	0	0	0	0
SUSAN THURMOND SVP - CHIEF QUALITY OFFICER	(i)	353,444	122,194	85,331	154,753	10,051	725,773	85,433
	(ii)	0	0	0	0	0	0	0
GEORGE MAYZELL SVP - PRESIDENT OF HEALTH CHOICE	(i)	4,324	0	179,239	26,167	14,904	224,634	113,790
	(ii)	0	0	0	0	0	0	0
DAVID BAYTOS SVP - MS	(i)	296,665	102,546	86,392	220,447	22,331	728,381	94,538
	(ii)	0	0	0	0	0	0	0
CAROL ROSS-SPANG SVP - HUMAN RESOURCES	(i)	282,244	95,927	68,280	98,629	21,224	566,304	67,707
	(ii)	0	0	0	0	0	0	0
CATO JOHNSON SVP - CORPORATE AFFAIRS	(i)	273,101	88,937	49,444	99,559	14,136	525,177	59,956
	(ii)	0	0	0	0	0	0	0
ALEXANDER MACGREGOR SVP - CMIO	(i)	367,518	113,262	98,948	82,150	17,117	678,995	115,657
	(ii)	0	0	0	0	0	0	0
WILLIAM BREEN SVP - PHYSICIAN ALIGNMENT	(i)	316,999	83,270	13,011	83,367	8,186	504,833	4,199
	(ii)	0	0	0	0	0	0	0
LYNN FIELD VP - CHIEF LEGAL OFFICER	(i)	207,694	34,963	52,117	43,974	13,680	352,428	32,172
	(ii)	0	0	0	0	0	0	0
JOHN MITCH GRAVES SVP - AFFILIATED AFFAIRS	(i)	290,136	53,073	56,839	83,011	20,574	503,633	43,083
	(ii)	0	0	0	0	0	0	0
EDWARD RAFALSKI SVP - MARKETING	(i)	239,272	57,087	1,319	62,766	14,907	375,351	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH OSTRIC EXECUTIVE DIRECTOR	(i)	248,353	61,143	400	27,231	13,081	350,208	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				
MICHAEL NESBIT VICE PRESIDENT	(i) (ii)	219,232 0	42,911 0	41,133 0	102,519 0	21,789 0	427,584 0	20,451 0
LARRY FOGARTY VICE PRESIDENT	(i) (ii)	230,860 0	42,289 0	54,212 0	50,849 0	20,362 0	398,572 0	30,866 0
DAVID ROSENBAUM VICE PRESIDENT	(i) (ii)	183,332 0	138,314 0	20,004 0	39,592 0	14,631 0	395,873 0	11,209 0
EUGENE CASHMAN III VICE PRESIDENT	(i) (ii)	226,930 0	4,522 0	10,012 0	18,469 0	19,328 0	279,261 0	0 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div> <div>▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2013
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization METHODIST LE BONHEUR HEALTHCARE	Employer identification number 58-1454711
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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		88,050,000				51,025,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	166,816,521		91,143,429		271,658,665		113,992,419	
4	Gross proceeds in reserve funds	15,632,882		2,505,783		10,256,453		11,401,152	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
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		15,294,903			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,689,402		80,597,104		187,388,948			
11	Other spent proceeds	135,028,234				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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X			X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	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		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		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 110 %		0 080 %			
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 %		0 110 %		0 080 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified 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	13 600000000000		10 600000000000		27 400000000000			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	Has 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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 12/05/2013 ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 11/12/2013 ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 08/19/2013 ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 08/19/2013
SCHEDULE K, PART II, LINE 3, TOTAL PROCEEDS	AMOUNTS REPORTED ON LINE 3 INCLUDE INVESTMENT EARNINGS ON BOND PROCEEDS AS FOLLOWS BOND [A] SALE PROCEEDS \$ 161,400,000 INVESTMENT EARNINGS 5,416,521 TOTAL TO LINE 3 \$ 166,816,521 BOND [B] SALE PROCEEDS \$ 89,000,000 INVESTMENT EARNINGS 2,143,429 TOTAL TO LINE 3 \$ 91,143,429 BOND [C] SALE PROCEEDS \$ 270,000,000 INVESTMENT EARNINGS 1,658,665 TOTAL TO LINE 3 \$ 271,658,665 BOND [D] SALE PROCEEDS \$ 112,198,412 INVESTMENT EARNINGS 1,794,007 TOTAL TO LINE 3 \$ 113,992,419 BOND [E] SALE PROCEEDS \$ 101,481,257 INVESTMENT EARNINGS 13 TOTAL TO LINE 3 \$ 101,481,270
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS	THE AMOUNTS PRESENTED ON LINE 11 REPRESENT BOND PROCEEDS USED TO CURRENTLY AND ADVANCE REFUND PRIOR ISSUES, AS NOTED IN PART II, LINES 14 AND 15
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 K
(Form 990)

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
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	821697G45	05-16-2012	101,481,257	CAPITAL ACQUISITION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	101,481,270							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,481,257							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	100,000,000							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	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							
c	Are there any research agreements that may result in private business use of bond-financed property?	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	0 020 %							
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 %							
6	Total of lines 4 and 5	0 020 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2013
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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			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 assistance	(d) Type of assistance	(e) Purpose 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	563,442	PROPERTY LEASE AND RENTAL		No
(2) HIGHLAND CAPITAL INVESTMENTS	BOARD MEMBER STEVE WISHNIA IS THE SOLE OWNER	166,756	INVESTMENT MANAGEMENT FEES		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

METHODIST LE BONHEUR HEALTHCARE

Employer identification number

58-1454711

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS BY FAR, THE LARGEST PERCENTAGE OF MLH IS THE METHODIST HEALTHCARE-MEMPHIS HOSPITALS (MHMH) WHICH INCLUDES METHODIST UNIVERSITY HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL AND LE BONHEUR CHILDREN'S HOSPITAL COMBINED, THESE ENTITIES HAVE GIVEN SIGNIFICANTLY TO THEIR SURROUNDING COMMUNITIES WITH THE SUPPORT OF METHODIST LE BONHEUR HEALTHCARE IN 2013, METHODIST LE BONHEUR HEALTHCARE PROVIDED \$178 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 MEDICAL EDUCATION AND RESEARCH VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE GRADUATE MEDICAL SCHOOL TO COVER THE COST OF 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 THE FINANCIAL SUPPORT PROVIDED BY MLH COVERS THEIR TIME AND EFFORT SPENT PROVIDING PATIENT CARE AT METHODIST HOSPITALS IN ADDITION TO THEIR EDUCATIONAL ACTIVITIES CHURCH HEALTH CENTER/CHRIST COMMUNITY HEALTH SERVICES AS AN EARLY SUPPORTER OF THE CHURCH HEALTH CENTER (CHC), 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 ALONG WITH DR SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHC PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO ITS TARGETED MARKET, THE WORKING POOR, IN MEMPHIS METHODIST HEALTHCARE TAKES PRIDE IN SUPPORTING THIS WORTHY ENDEAVOR MLH SUPPORTS THE CHC MISSION BY PROVIDING PATIENT CARE FREE OF CHARGE DURING 2013, MLH PROVIDED \$4,133,781 IN CARE FOR PATIENT OF CHC CHRIST COMMUNITY HEALTH SERVICES (CCHS) HAVE ROUTINELY FOCUSED ON FULFILLING THE PHYSICAL, SPIRITUAL AND EMOTIONAL NEEDS OF THE POOR, HOMELESS, AND THE UNINSURED 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 MLH PROVIDED \$2,921,368 FOR PATIENTS OF THE CCHS COMMUNITY EDUCATION METHODIST HEALTHCARE PROVIDED TRAINING FOR 7,805 COMMUNITY PROFESSIONALS, FROM OUTSIDE OUR ORGANIZATION AT A COST OF \$334,000 LE BONHEUR COMMUNITY HEALTH AND WELL-BEING LE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY HEALTH AND WELL-BEING DIVISION EXTENDS THE WORK OF THE HOSPITAL BEYOND ITS WALLS THROUGH A VARIETY OF PROGRAMS, THIS DIVISION MAKES A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION WHILE THESE PROGRAMS ARE LARGELY FUNDED BY GRANTS, METHODIST ALSO PROVIDED \$480,000 TO SUPPORT THESE PROGRAMS 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 BRIDGE THE GAP BETWEEN WHAT HOSPITAL REIMBURSEMENT COVERS AND WHAT IS NECESSARY TO STAY ON THE CUTTING EDGE OF MEDICAL SCIENCE IN 2013, THE FOUNDATION PROVIDED \$5.2 MILLION IN SUPPORT OF THESE PROGRAMS, ALL WHICH BENEFITED THE COMMUNITY HERE ARE SOME HIGHLIGHTS MANY YEARS AGO, THE METHODIST FOUNDATION ESTABLISHED "THE HUMANITARIAN FUND" WHICH HELPS METHODIST ASSOCIATES IN TIMES OF CRISIS (I.E., FIRE, CRIME, DEATH) IN 2013, THE FOUNDATION PROVIDED \$464,000 IN SUPPORT OF THESE ASSOCIATES THE METHODIST FOUNDATION AWARDED COLLEGE SCHOLARSHIPS TO CHILDREN AND DEPENDENTS OF ASSOCIATES WHO PLAN TO PURSUE A CAREER IN A HEALTH-RELATED FIELD OF STUDY IN 2013, THE FOUNDATION PRESENTED 21 SCHOLARSHIPS TOTALING \$24,000 METHODIST AND THE FOUNDATION SUPPORT LIFELONG LEARNING FOR OUR PHYSICIANS IN 2013, WE OFFERED 120 PROGRAMS AND 1,924 HOURS OF TRAINING A TOTAL OF 19,482 PHYSICIANS AND 2,162 NON PHYSICIANS ATTENDED</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS LE BONHEUR FOUNDATION THE LE BONHEUR FOUN NDATION, IN PARTNERSHIP WITH DONORS AND VOLUNTEERS, PROMOTES PHILANTHROPIC INVESTMENT TO S UPPORT LE BONHEUR CHILDREN'S HOSPITAL'S MISSION OF PROVIDING HIGH QUALITY PATIENT CARE, RE SEARCH AND ADVOCACY IN 2013, THE FOUNDATION RAISED \$14 5 MILLION AND PROVIDED \$6 7 MILLIO N FOR RESEARCH, EDUCATION, RUNNING OF FEDEX FAMILY HOUSE AND CAPITAL IMPROVEMENTS ITS THR EE MAJOR PROJECTS ARE - LE BONHEUR CAPITAL CAMPAIGN- SINCE 2005, THE LE BONHEUR FOUNDATI ON HAS BEEN INVOLVED IN A \$113 MILLION CAPITAL CAMPAIGN TO ASSIST IN RAISING THE FUNDS NEE DED FOR THE NEW LE BONHEUR CHILDREN'S HOSPITAL WHICH OPENED IN 2010 - FEDEX FAMILY HOUSE A HOME AWAY FROM HOME FOR OUT-OF-TOWN FAMILIES WHO COME TO LE BONHEUR CHILDREN'S HOSPITAL FOR TREATMENT - CHILDREN'S MIRACLE NETWORK HOSPITALS RELATIONSHIP A TOTAL OF \$105,000 IN G RANTS WAS RECEIVED FOR A VARIETY OF RESEARCH PROJECTS FAITH AND HEALTH DIVISION THE FAIT H AND HEALTH DIVISION FULFILLS ITS MISSION IN OUR MHMH HOSPITALS AND IN THE COMMUNITY , PAR TICULARLY 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 PARTNERSH IPS WITH CONGREGATIONS AND COMMUNITY PARTNERS THE CONGREGATIONAL HEALTH NETWORK IS A COVE NANT RELATIONSHIP BETWEEN MHMH, MID-SOUTH CONGREGATIONS AND COMMUNITY HEALTH ORGANIZATIONS THE CHN PROVIDES A NETWORK OF 500 CONGREGATIONS AND FAITH COMMUNITIES THAT ARE PARTNERIN G WITH US TO SHARE THE MINISTRY OF CARING FOR OUR PATIENTS HELPING PEOPLE NAVIGATE THE JOU RNEY FROM HOME TO MEDICAL CARE AND BACK THE GOAL OF THIS PROGRAM IS TO BUILD STRONGER REL ATIONSHIPS AND BRIDGES BETWEEN LOCAL FAITH COMMUNITIES AND METHODIST LE BONHEUR HEALTHCARE (MLH) IN ORDER TO IMPROVE THE PATIENT EXPERIENCE IN THE MLH SY STEM AND MORE BROADLY TO BU IL D HEALTHIER COMMUNITIES IN MEMPHIS, TENNESSEE AND THE MID-SOUTH THE CONGREGATIONAL HEAL TH NETWORK PROVIDES THE FOLLOWING - DEVELOPMENT AND MAINTENANCE OF A SOCIAL SY STEM (INCLU DING CONGREGATIONS, VOLUNTEERS, MLH AND PARTNERS) - IMPLEMENTATION OF COVENANT RELATIONSHI PS (INCLUDING VALUE-ADDED INCENTIVES) - IN-HOSPITAL SUPPORT AND ACCOMPANIMENT - COMMUNITY HEALTH PROMOTION - MICRO-GRANTS TO CONGREGATIONS AND COMMUNITY PARTNERS TO SUPPORT HEALTH+ PROMOTING WORK - MAPPING AND LEVERAGING OF RELIGIOUS HEALTH ASSETS IN MEMPHIS - BUILDING P RACTICAL INTERFAITH COLLABORATION TO IMPROVE COMMUNITY HEALTH - TRAINING AND EDUCATION OF CONGREGATIONS AND LIAISONS (E G IN COMMUNITY CARE, HOSPITAL VISITATION, AFTERCARE TRAININ G, END OF LIFE CARE, MENTAL HEALTH FIRST AID) METHODIST HEALTH AND WELFARE MINISTRIES HOST ED SEVERAL PROGRAMS AIMED AT CLERGY , PHYSICIANS AND LAY PERSONS IT ALSO WORKS CLOSELY WITH THESE INDIVIDUALS AND THE COMMUNITY IN PROVIDING MANY ASPECTS OF HEALING, PUBLIC HEALTH A ND HEALTH AWARENESS THE DIVISION WORKS CLOSELY WITH THE UNITED METHODIST BOARD OF GLOBAL MINISTRIES BY COORDINATING SEVERAL OF ITS NATIONAL NETWORKS OF HEALTH MINISTRIES AND COOPE RATES IN INTERNATIONAL MINISTRIES IN AFRICA, RUSSIA, AND WITH MISSION HOSPITALS THROUGHOUT THE WORLD COMMUNITY INVOLVEMENT METHODIST PLACES A STRONG EMPHASIS ON EDUCATION AND ENC OURAGES ASSOCIATES AND THEIR RESPECTIVE HOSPITAL OF EMPLOYMENT IN THE MLH SY STEM TO PARTIC IPATE IN THE MEMPHIS CITY 'SCHOOLS' ADOPT-A-SCHOOL PROGRAM ASSOCIATES PROVIDED THE FOLLOWI NG SERVICES - TUTOR AND MENTOR STUDENTS - SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREE R DAYS - JUDGED EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - FINANCIAL SUPPORT FOR SP ECIAL NEEDS AND PROGRAMS LEADERS AND ASSOCIATES SPENT OVER 800 COMMUNITY SERVICE HOURS REP RESENTING METHODIST LE BONHEUR HEALTHCARE AT MANY COMMUNITY GROUPS' EVENTS AND SERVING ON VARIOUS BOARDS AND COMMITTEES THE FOLLOWING GROUPS APPLY AMERICAN CANCER SOCIETY AMERICA N HEART ASSOCIATION HEART WALK ARKWINGS BOYS & GIRLS CLUBS OF GREATER MEMPHIS CHILDREN'S H OSPITAL ASSOC OF TN CYNTHIA MILK FUND EXCHANGE CLUB FIRST TEE OF MEMPHIS HOSPITAL WING LI VITUP, INC MARCH OF DIMES MEDICAL EDUCATION RESEARCH INSTITUTE (MERI) MEMPHIS RESEARCH CO NSORTIUM MEMPHIS RESEARCH CONSORTIUM MEMPHIS URBAN LEAGUE MEMPHIS WOMEN'S FOUNDATION MID-S OUTH COMFORT CARE AND BIOETHICS COALITION NE AR TRAUMA REGIONAL ADVISORY COUNCIL POLY SOMNO GRAPHY PROFESSIONAL STANDARDS COMMITTEE SOUTHWEST TN COMMUNITY COLLEGE MLT ADVISORY COMMIT TEE TN ASSOCIATION OF BLOOD BANKS TN PSYCHOLOGICAL ASSOCIATION UNITED WAY URBAN CHILD INST ITUTE UT RESEARCH FOUNDATION BOARD MONETARY AND IN-KIND DONATIONS IN 2013 METHODIST MADE DONATIONS TO 61 NOT-FOR-PROFIT ORGANIZATIONS EITHER THROUGH FINANCIAL MEANS OR WITH IN-KIN D DONATIONS OF EQUIPMENT OR PRINTING SERVICES THE VALUE OF THESE DONATIONS TOTALLED \$1,437 ,190 DONATIONS WERE AWARDED TO THE FOLLOWING ORGANIZATIONS ALPHA KAPPA ALPHA AMERICAN CA NCER SOCIETY AMERICAN HEART ASSOCIATION AMERICAN LIVER FOUNDATION AMERICAN RED CROSS ARTHR ITIS FOUNDATION BOYS & GIRLS CLUBS OF MEMPHIS CAMP	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	GET FIT CHICKASAW COUNCIL OF THE BOY SCOUTS CHILDREN'S HEART FUND CHRIST COMMUNITY HEALTH SERVICES CHRISTIAN BROTHERS UNIVERSITY CHRISTIAN MEDICAL DENTAL ASSOCIATION CHURCH HEALTH CENTER COMMUNITY ALLIANCE FOR THE HOMELESS CONVOY OF HOPE CYSTIC FIBROSIS FOUNDATION EDUCATION THAT WORKS FAMILIES MATTER FIST CONGREGATIONAL CHURCH GAYLE S ROSE FOUNDATION GERMA NTOWN METHODIST CHURCH GIRLS, INC GOVERNORS FOUNDATION FOR HEALTH HABITAT FOR HOPE HEALTH MEMPHIS COMMON TABLE IDLEWILD PRESBYTERIAN CHURCH INSTITUTE FOR PATIENT & FAMILY CENTERED CARE JUVENILE DIABETES RESEARCH FOUNDATION LIFE BLOOD LIVITUP, INC MARCH OF DIMES MEMPHIS BIOWORKS MEMPHIS BUSINESS GROUP ON HEALTH MEMPHIS CHILD ADVOCACY CENTER MEMPHIS KOMEN MID -SOUTH MEMPHIS SHELBY CRIME COMMISSION NATIONAL ALLIANCE ON MENTAL ILLNESS NATIONAL MS SOCIETY OVERTON PARK CONSERVANCY PERI ANKH PINK PALACE AND MUSEUM RHODES COLLEGE RIDE FOUNDATION SALVATION ARMY SHELBY COUNTY MAYOR CHARITABLE FUND SHELBY FARMS PARK CONSERVANCY SICKLE CELL FOUNDATION SOUTHERN COLLEGE OF OPTOMETRY ST JOHN'S UMC UNITED HEALTHCARE CHILDREN'S FOUNDATION UNITED METHODIST NEIGHBORHOOD CENTERS UNIVERSITY OF TENNESSEE WHARTON CHARITABLE FUND WHITEHAVEN ECONOMIC COUNCIL WINGS CANCER FOUNDATION YMCA OF MEMPHIS & MID-SOUTH

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.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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.</p>

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

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.

Return Reference	Explanation
FORM 990, PART VII, LINE 1	BOARD MEMBER COMPENSATION JIMMIE MANCELL, MD, HEATHER SWANSON, MD, AND JEAN CLAUDE LOISEAU, MD ARE COMPENSATED BY A RELATED ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO THESE INDIVIDUALS ON PART VII OF THE FORM 990 ARE FOR THEIR MEDICAL SERVICES RENDERED TO THE HOSPITAL SYSTEM

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 309,970 MANAGEMENT AND GENERAL EXPENSES 10,194,242 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,504,212 MAINTENANCE CONTRACTS PROGRAM SERVICE EXPENSES 81,187 MANAGEMENT AND GENERAL EXPENSES 42,320 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 123,507 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 45,039 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 45,039 CONSULTING AND MGMT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,098,812 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,098,812

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF MINIMUM PENSION LIABILITY 133,080,246 EQUITY TRANSFERS TO AFFILIATES - 32,690,493

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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity?	
						Yes	No
See Additional Data Table							

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

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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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AMBULATORY OPERATIONS INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1157166	MEDICAL SERVICES	TN	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	C	10,120,591	9,919,789	100 000 %		No
(2) SOLUS MANAGEMENT SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	AMBULATORY OPERATIONS INC	C	1,755,084	3,791,004	100 000 %		No
(3) MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1847544	INVESTMENTS	TN	AMBULATORY OPERATIONS INC	C	465,340	6,341,652	100 000 %		No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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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

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 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	
(1) 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	
(2) METHODIST HEALTHCARE-FAYETTE HOSPITAL 214 LAKEVIEW DRIVE SOMERVILLE, TN 38068 62-0862334	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) METHODIST HEALTHCARE - MEMPHIS HOSPITALS 1265 UNION AVENUE MEMPHIS, TN 38104 62-0479367	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
(14) METHODIST HEALHCARE - OLIVE BRANCH HOSPITAL 1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 64-0889822	HOSPITAL	MS	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-s)	(c) Amount Involved	(d) Method of determining amount involved
METHODIST HEALTHCARE - MEMPHIS HOSPITALS	L	134,829,500	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE-FAYETTE HOSPITAL	L	708,580	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	L	512,004	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	L	939,938	INTERCOMPANY TRANSACTION
ALLIANCE HEALTH SERVICES INC	L	1,260,263	INTERCOMPANY TRANSACTION
METHODIST EXTENDED CARE HOSPITAL	L	1,727,226	INTERCOMPANY TRANSACTION
LE BONEHUR COMMUNITY HEALTH & WELL-BEING	L	209,666	INTERCOMPANY TRANSACTION
AMBULATORY OPERATIONS INC	L	295,596	INTERCOMPANY TRANSACTION
SOLUS MANAGEMENT SERVICES INC	L	87,720	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE - MEMPHIS HOSPITALS	Q	115,565,156	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE-FAYETTE HOSPITAL	Q	466,776	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	Q	654,972	INTERCOMPANY TRANSACTION
ALLIANCE HEALTH SERVICES INC	Q	1,103,484	INTERCOMPANY TRANSACTION
METHODIST EXTENDED CARE HOSPITAL	Q	1,625,940	INTERCOMPANY TRANSACTION
LE BONEHUR COMMUNITY HEALTH & WELL-BEING	Q	189,984	INTERCOMPANY TRANSACTION
SOLUS MANAGEMENT SERVICES INC	Q	87,720	INTERCOMPANY TRANSACTION
AMBULATORY OPERATIONS INC	Q	295,596	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	Q	367,000	INTERCOMPANY TRANSACTION
METHODIST HEALTHCARE-FAYETTE HOSPITAL	R	1,461,146	EQUITY TRANSFER
ALLIANCE HEALTH SERVICES INC	R	493,207	EQUITY TRANSFER
METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	R	102,191,376	EQUITY TRANSFER
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	S	709,280	EQUITY TRANSFER
METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES	S	26,374	EQUITY TRANSFER
METHODIST EXTENDED CARE HOSPITAL	S	471,607	EQUITY TRANSFER
METHODIST HEALTHCARE - MEMPHIS HOSPITALS	S	70,247,971	EQUITY TRANSFER