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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization METHODIST HEALTHCARE - MEMPHIS HOSPITALS		D Employer identification number 62-0479367
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (901) 516-0696
	1265 UNION AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38104		G Gross receipts \$ 1,718,153,169
F Name and address of principal officer GARY SHORB 1265 UNION AVENUE MEMPHIS, TN 38104			
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ☒ WWW.METHODISTHEALTH.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number ☒	

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☒	L Year of formation 1935	M State of legal domicile TN
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Part I	Summary																																							
Activities & Governance	1 Briefly describe the organization's mission or most significant activities METHODIST HEALTHCARE-MEMPHIS HOSPITALS, IN PARTNERSHIP WITH ITS MEDICAL STAFF, IS THE PREMIER, COMPREHENSIVE HEALTHCARE PROVIDER SERVING PATIENTS AND FAMILIES IN ITS SURROUNDING COMMUNITIES HIGH QUALITY, PATIENT AND FAMILY-CENTERED CARE IS PROVIDED IN A PERSONALIZED ENVIRONMENT																																							
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets																																							
Revenue	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>24</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>20</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>10,348</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>225</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>1,505,711</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	10,348	6 Total number of volunteers (estimate if necessary)	6	225	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,505,711	b Net unrelated business taxable income from Form 990-T, line 34	7b	0																					
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Part II Signature Block

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

Sign Here	***** Signature of officer	2015-11-12 Date			
	CHRISTOPHER MCLEAN CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date	Check ☐ if self-employed	PTIN P00445891
	Firm's name ☒ DIXON HUGHES GOODMAN LLP			Firm's EIN ☒ 56-0747981	
	Firm's address ☒ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806			Phone no (828) 254-2254	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,496,337,514 including grants of \$ 5,337,179) (Revenue \$ 1,675,242,942)

METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS A 501(C)(3) NON-PROFIT ORGANIZATION CONSISTING OF FIVE HOSPITALS WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM BASED IN MEMPHIS, TENNESSEE THE FIRST METHODIST HOSPITAL IN THE SYSTEM WAS FOUNDED IN 1918 BY THE UNITED METHODIST CHURCH TO HELP MEET THE GROWING NEEDS FOR QUALITY HEALTHCARE IN THE MID-SOUTH AFFILIATED WITH THE MEMPHIS, MISSISSIPPI AND ARKANSAS CONFERENCES OF THE UNITED METHODIST CHURCH, METHODIST HEALTHCARE - MEMPHIS HOSPITALS COMBINE A DEDICATION TO THE ART OF HEALING WITH A CHRIST-CENTERED COMMITMENT TO MINISTER TO THE WHOLE PERSON

4b

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

PLEASE SEE OUR EXTENDED DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS IN SCHEDULE O IN ADDITION, PLEASE VISIT OUR WEBSITE FOR A POSTING OF THE MOST CURRENT COMMUNITY BENEFIT REPORT AT WWW.METHODISTHEALTH.ORG/ARTICLES/COMMUNITY-INVOLVEMENT

4c

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

1,496,337,514

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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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	No
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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 domestic 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 or for domestic individuals 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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.	605	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	10,348	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	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?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	24	
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	20	
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	Yes
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	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	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, address, and telephone number of the person who possesses the organization's books and records
SUE WAUGH

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

(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			

Part VII

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

(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	8,755,055	8,820,431	3,028,949

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 77

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
THE WEST CLINIC 100 N HUMPHREYS BLVD MEMPHIS, TN 38120	PHYSICIAN SERVICES	56,353,087
THE UNIVERSITY OF TENNESSEE 910 MADISON AVE MEMPHIS, TN 38163	PHYSICIAN SERVICES	31,892,437
JOHNSON CONTROLS INC PO BOX 905240 CHARLOTTE, NC 28290	MAINTENANCE SERVICES	8,870,412
DUCKWORTH PATHOLOGY 1211 UNION AVE STE875 MEMPHIS, TN 38104	PHYSICIAN SERVICES	4,221,527
MORRISON'S MANAGEMENT SPECIALISTS INC PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICE MANAGEMENT	4,198,236

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 101

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	110,708				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,120,382				
	e	Government grants (contributions)	1e	927,987				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	513,798				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						2,672,875
Program Service Revenue	2a	NET PATIENT SERVICE	Business Code	623000	1,482,014,967	1,482,014,967		
	b	OUTPATIENT LABS		900099	147,141,852	146,775,693	366,159	
	c	DRUG SALES		446110	26,767,532	26,767,532		
	d	340B DRUG PROGRAM REVENUE		900099	22,059,313	22,059,313		
	e	CLINICAL RESEARCH		900099	3,623,556	3,623,556		
	f	All other program service revenue			-4,858,567	-5,998,119	1,139,552	
	g	Total. Add lines 2a-2f			1,676,748,653			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,032,398			22,032,398
		4	Income from investment of tax-exempt bond proceeds . .					
5		Royalties						
6a		(i) Real		(ii) Personal				
		6,214,020		79,014				
		0		0				
		6,214,020		79,014				
d		Net rental income or (loss)		6,293,034			6,293,034	
7a		(i) Securities		(ii) Other				
				115,689				
				0				
				115,689				
d		Net gain or (loss)		115,689			115,689	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b		Less direct expenses						
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19						
b		Less direct expenses						
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances						
	310,474							
	29,643							
c	Net income or (loss) from sales of inventory . .		280,831			280,831		
Miscellaneous Revenue		Business Code						
11a	CAFETERIA & VENDING	722210	342,472			342,472		
b	EDUCATION & DAYCARE	900099	273,014			273,014		
c								
d	All other revenue		9,364,560			9,364,560		
e	Total. Add lines 11a-11d		9,980,046					
12	Total revenue. See Instructions		1,718,123,526	1,675,242,942	1,505,711	38,701,998		

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 domestic organizations and domestic governments. See Part IV, line 21.	5,337,179	5,337,179		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,374,777	3,281,082	1,093,695	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	43,949	43,949		
7	Other salaries and wages.	524,389,478	501,537,099	22,852,379	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	28,090,570	26,818,542	1,272,028	
9	Other employee benefits.	58,651,402	55,995,485	2,655,917	
10	Payroll taxes.	36,415,943	34,766,916	1,649,027	
11	Fees for services (non-employees):				
a	Management.	8,023,580	3,663,080	4,360,500	
b	Legal.	261,681	163,605	98,076	
c	Accounting.	2,458,105	70,721	2,387,384	
d	Lobbying.				
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).	146,788,504	99,169,807	47,618,697	
12	Advertising and promotion.	351,179	8,824	342,355	
13	Office expenses.	65,166,351	32,877,817	32,288,534	
14	Information technology.	2,304,192	1,870,102	434,090	
15	Royalties.				
16	Occupancy.	29,081,701	28,432,764	648,937	
17	Travel.	1,299,610	1,012,124	287,486	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,244,092	831,852	412,240	
20	Interest.	26,754,406	26,754,406		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	82,263,216	82,260,480	2,736	
23	Insurance.	18,074,613	2,942,209	15,132,404	
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	MEDICAL SUPPLIES	312,782,438	312,782,438		
b	BAD DEBT EXPENSE	150,938,477	150,938,477		
c	CORPORATE OVERHEAD	123,575,118	123,575,118		
d	RECRUITMENT	955,071	909,948	45,123	
e	All other expenses	293,490	293,490		
25	Total functional expenses. Add lines 1 through 24e.	1,629,919,122	1,496,337,514	133,581,608	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 ☐ 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			-5,738,633	1	-7,583,655
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			174,873,834	4	179,521,884
	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			103,976	7	347,145
	8	Inventories for sale or use			21,532,010	8	22,629,263
	9	Prepaid expenses and deferred charges			5,228,556	9	4,666,120
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,569,147,484			
	b	Less accumulated depreciation	10b	819,010,302	739,561,667	10c	750,137,182
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			10,042,329	13	10,887,961
	14	Intangible assets			856,976	14	390,237
	15	Other assets See Part IV, line 11			6,632,442	15	6,670,823
16	Total assets. Add lines 1 through 15 (must equal line 34)			953,093,157	16	967,666,960	
Liabilities	17	Accounts payable and accrued expenses			117,703,062	17	143,889,872
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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			530,560	23	877,021
	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			14,274,398	25	24,370,915
	26	Total liabilities. Add lines 17 through 25			132,508,020	26	169,137,808
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			820,585,137	27	798,529,152
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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			820,585,137	33	798,529,152
	34	Total liabilities and net assets/fund balances			953,093,157	34	967,666,960

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	1,718,123,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,629,919,122
3	Revenue less expenses Subtract line 2 from line 1	3	88,204,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	820,585,137
5	Net unrealized gains (losses) on investments	5	14,848,524
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	-125,108,913
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	798,529,152

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 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	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	2c	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?	3a	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	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 62-0479367

Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

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			
(1) ALAN GRAF JR BOARD CHAIRMAN	0 00 9 00	X		X				0	0	0
(1) MARK MEDFORD BOARD VICE CHAIRMAN	0 00 9 00	X		X				0	0	0
(2) DAVID BECKLEY BOARD SECRETARY	0 00 4 00	X		X				0	0	0
(3) RON BELZ BOARD MEMBER	0 00 6 00	X						0	0	0
(4) LUKE YANCY BOARD MEMBER	0 00 8 00	X						0	0	0
(5) LARRY BRYAN BOARD MEMBER	0 00 2 00	X						0	0	0
(6) MARY JO KIRKPATRICK BOARD MEMBER	0 00 5 00	X						0	0	0
(7) JACKSON MOORE BOARD MEMBER	0 00 7 00	X						0	0	0
(8) RANDY SPICER BOARD MEMBER	0 00 2 00	X						0	0	0
(9) JOSE VELAZQUEZ BOARD MEMBER	0 00 5 00	X						0	0	0
(10) CAROLYN HARDY BOARD MEMBER	0 00 4 00	X						0	0	0
(11) LISA KLESGES BOARD MEMBER	0 00 4 00	X						0	0	0
(12) BILLY ORGEL BOARD MEMBER	0 00 5 00	X						0	0	0
(13) STEVE SCHWAB MD BOARD MEMBER	0 00 4 00	X						0	0	0
(14) GEORGE CATES BOARD MEMBER	0 00 8 00	X						0	0	0
(15) DAVID STERN MD BOARD MEMBER	0 00 4 00	X						0	0	0
(16) TREY EUBANKS MD BOARD MEMBER	0 00 4 00	X						0	0	0
(17) CARTER TOWNE MD BOARD MEMBER	0 00 4 00	X						0	0	0
(18) BISHOP JAMES E SWANSON SR BOARD MEMBER	0 00 3 00	X						0	0	0
(19) BISHOP GARY MUELLER BOARD MEMBER	0 00 3 00	X						0	0	0
(20) BISHOP BILL MCALILLY BOARD MEMBER	0 00 3 00	X						0	0	0
(21) JEAN-CLAUDE LOISEAU MD BOARD MEMBER	37 00 3 00	X						377,157	0	23,450
(22) DAVID LEGGETT MD BOARD MEMBER	0 00 2 00	X						0	0	0
(23) CHAD DURRETT BOARD MEMBER (THROUGH JUNE 2014)	0 00 4 00	X						0	0	0
(24) DAVID STEVENS BOARD MEMBER (THROUGH JUNE 2014)	0 00 4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
(26) GARY SHORB CEO	2 00 48 00	X		X				0	1,893,994	584,846
(1) MICHAEL UGWUEKE PRESIDENT & COO	2 00 48 00			X				0	749,047	168,636
(2) DONNA ABNEY EXECUTIVE VICE PRESIDENT	2 00 48 00			X				0	739,468	242,002
(3) CHRIS MCLEAN CFO/TREASURER	2 00 48 00			X				0	881,550	207,519
(4) DAVID BAYTOS SVP - MS	20 00 30 00			X				0	461,614	144,960
(5) HARRY DURBIN SVP - F&H	2 00 48 00			X				0	213,422	71,745
(6) CATO JOHNSON SVP - CORPORATE AFFAIRS	2 00 48 00			X				0	406,121	110,070
(7) ALASTAIR MACGREGOR MD SVP - CMIO	2 00 48 00			X				0	687,982	69,559
(8) NIKKI POLIS SVP - CHIEF NURSING OFFICER	2 00 48 00			X				0	309,369	81,158
(9) ED RAFALSKI SVP - STRATEGIC PLANNING	2 00 48 00			X				0	308,560	88,061
(10) CAROL ROSS-SPANG SVP - HUMAN RESOURCES	2 00 48 00			X				0	459,619	127,698
(11) GAIL THURMOND MD SVP - CHIEF QUALITY OFFICER	2 00 48 00			X				0	587,303	129,989
(12) BILL BREEN SVP - PHYSICIAN ALIGNMENT	2 00 48 00			X				0	369,870	100,693
(13) MITCH GRAVES SVP - PRESIDENT OF HEALTH CHOICE	2 00 48 00			X				0	455,919	126,973
(14) LYNN FIELD VP - CHIEF LEGAL OFFICER	2 00 38 00			X				0	296,593	57,289
(15) MERI ARMOUR SVP - PRES /CEO LE BONHEUR HOSPITAL	46 00 4 00			X				688,104	0	92,115
(16) JEFF LIEBMAN SVP - COO/CEO OF UNIVERSITY	48 00 2 00			X				457,470	0	68,563
(17) WILLIAM KENLEY SVP - CEO OF GERMANTOWN	48 00 2 00			X				553,483	0	136,211
(18) JAY ROBINSON SVP - CEO OF SOUTH	48 00 2 00			X				308,080	0	89,792
(19) GYASI CHISLEY SVP - CEO OF NORTH	48 00 2 00			X				346,981	0	90,388
(20) JAMES CARTER JR SVP - UNIVERSITY	48 00 2 00			X				338,580	0	70,877
(21) ROBIN WOMEODU CMO - UNIVERSITY	50 00			X				329,813	0	56,970
(22) WILLIAM MAY CMO - LE BONHEUR HOSPITAL	50 00			X				316,957	0	29,786
(23) SHADWAN ALSAFWAH PHYSICIAN	40 00					X		926,687	0	5,237
(24) DWIGHT DISHMON PHYSICIAN	40 00					X		790,686	0	27,753

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			
(51) JAMES EASON PHYSICIAN	40 00					X		1,699,158	0	9,818
(1) UZOMA IBEBUOGU PHYSICIAN	40 00					X		739,306	0	9,017
(2) RAMI KHOUZAM PHYSICIAN	40 00					X		882,593	0	7,774

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization METHODIST HEALTHCARE - MEMPHIS HOSPITALS	Employer identification number 62-0479367
--	--

Part I

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization METHODIST HEALTHCARE - MEMPHIS HOSPITALS	Employer identification number 62-0479367
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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 value of contributions to (during year)	
3	Aggregate value of 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? ☐ Yes ☐ No	
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? ☐ Yes ☐ No	

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

1

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

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

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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, for escrow or custodial account liability?

☐ 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

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4

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

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		64,061,011		64,061,011
b Buildings		664,281,609	323,974,724	340,306,885
c Leasehold improvements		75,770,329	50,930,832	24,839,497
d Equipment		751,703,508	444,104,746	307,598,762
e Other		13,331,027		13,331,027
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				750,137,182

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	1,456,954,303
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	14,848,524
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-276,047,390
e	Add lines 2a through 2d	2e	-261,198,866
3	Subtract line 2e from line 1	3	1,718,153,169
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	-29,643
c	Add lines 4a and 4b	4c	-29,643
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,718,123,526

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	1,479,010,288
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	29,643
e	Add lines 2a through 2d	2e	29,643
3	Subtract line 2e from line 1	3	1,478,980,645
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	150,938,477
c	Add lines 4a and 4b	4c	150,938,477
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,629,919,122

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 CORPORATE PARENT AND OTHER SUBSIDIARIES OF THE PARENT. THE FOLLOWING STATEMENT REFLECTS THE FIN 48 FOOTNOTE OF THE CONSOLIDATED GROUP: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE SYSTEM AND ALL OF THE NONPROFIT AFFILIATES FOR WHICH THE SYSTEM OR ITS BOARD OF DIRECTORS IS CONTROLLING MEMBER ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AS QUALIFIED TAX-EXEMPT ORGANIZATIONS, THE SYSTEM'S NONPROFIT AFFILIATES MUST OPERATE IN CONFORMITY WITH THE IRC TO MAINTAIN THEIR TAX-EXEMPT STATUS. INCOME TAX FROM THE OPERATIONS OF THE SYSTEM'S WHOLLY OWNED FOR-PROFIT SUBSIDIARY, AMBULATORY OPERATIONS, INC., AND ITS SUBSIDIARIES IS NOT SIGNIFICANT. THE SYSTEM APPLIES FASB ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE HAS BEEN NO IMPACT ON THE SYSTEM'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF TOPIC 740.
PART XI, LINE 2D - OTHER ADJUSTMENTS	EQUITY TRANSFER TO AFFILIATES -125,108,913 BAD DEBT EXPENSE -150,938,477
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -29,643
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 29,643
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 150,938,477

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number
62-0479367

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>12500 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			86,687,499	144,470	86,543,029	5 850 %
b Medicaid (from Worksheet 3, column a)			391,053,928	346,379,241	44,674,687	3 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,134,392	10,637,856	-3,503,464	0 %
d Total Financial Assistance and Means-Tested Government Programs			484,875,819	357,161,567	127,714,252	8 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,189,669	3,773,226	2,416,443	0 160 %
f Health professions education (from Worksheet 5)			32,831,682	11,480,874	21,350,808	1 440 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			17,199,961		17,199,961	1 160 %
j Total. Other Benefits			56,221,312	15,254,100	40,967,212	2 760 %
k Total. Add lines 7d and 7j			541,097,131	372,415,667	168,681,464	11 630 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			433,936		433,936	0.030 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			725,575		725,575	0.050 %
9Other						
10Total			1,159,511		1,159,511	0.080 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

37,038,372

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

18,519,186

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

340,276,760

6Enter Medicare allowable costs of care relating to payments on line 5.

6

314,858,501

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

25,418,259

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system☒ Cost to charge ratio☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
11 NORTH SURGERY CENTER LP	OUTPATIENT SURGERY	60.500 %		39.500 %
22 METHODIST SURGERY CENTER - GERMANTOWN LP	OUTPATIENT SURGERY	55.000 %		45.000 %
33 MIDTOWN SURGERY CENTER LP	OUTPATIENT SURGERY	42.000 %		15.000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

5
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	☒ Hospital facility's website (list url) WWW.METHODISTHEALTH.ORG/ABOUT-US/		
b	☐ Other website (list url)		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	a If "Yes" (list url) WWW.METHODISTHEALTH.ORG/ABOUT-US/		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
	b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>200 000000000000</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☐ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☒ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) _____		
b	☒ The FAP application form was widely available on a website (list url) _____		
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☐ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☐ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☒ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
-------------------------	-------------

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 105

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	ALL SELF PAY PATIENTS RECEIVE A 60% DISCOUNT WHICH IS NOT BASED ON INCOME LEVELS THE ORGANIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT SUBMITS A FAP APPLICATION -A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPLICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDERAL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDERAL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS THE LEVEL OF DISCOUNT THEN RANGES FROM 70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION THE ORGANIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE AT A 100% WRITE OFF THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER TO RECEIVE A 100% WRITE OFF ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT THE VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE -NO CREDIT AVAILABLE-NO PRESENCE OF A MORTGAGE-NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM-NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM-THE PATIENT MUST RESIDE IN THE UNITED METHODIST HEALTHCARE CATCHMENT AREAS-THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDICARE-THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL, DECEASED, OR PAYMENT DISPOSITIONS

Form and Line Reference	Explanation
PART I, LINE 6A	METHODIST HEALTHCARE-MEMPHIS HOSPITALS' COMMUNITY BENEFIT REPORT IS PREPARED PRIMARILY BY THE COMMUNICATIONS AND MARKETING DEPARTMENT , WITH SUPPORT FROM THE ACCOUNTING AND FINANCE DEPARTMENTS, OF METHODIST LE BONHEUR HEALTHCARE, THE HOME OFFICE/CORPORATE PARENT ENTITY OF THE HOSPITAL THE HOSPITAL'S COMMUNITY BENEFIT REPORT CAN BE FOUND ON THE COMPANY'S WEBSITE AT WWW.METHODISTHEALTH.ORG UNDER THE "ABOUT US" SECTION

Form and Line Reference	Explanation
PART I, LINE 7	WORKSHEET 2 OF THE 2014 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO THAT WAS USED TO CALCULATE CHARITY CARE, UNREIMBURSED MEDICAID, AND OTHER MEANS-TESTED PROGRAM SHORTFALLS AT COST

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT ON FORM 990, PART IX, LINE 25 CONTAINS A BAD DEBT EXPENSE OF \$ 150,938,477 THAT HAS BEEN REMOVED FOR PURPOSES OF CALCULATING PERCENT OF TOTAL EXPENSE ON SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBTS, ACCOUNTS RECEIVABLE, OR ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WORKSHEET 2 OF THE 2014 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO THAT WAS USED TO CONVERT BAD DEBT TO APPROXIMATE COST WHEN A PORTION OF PATIENT CHARGES BECOME PATIENT RESPONSIBILITY, THE AMOUNT IS WRITTEN OFF TO BAD DEBTS AND THEN SENT TO OUR COLLECTION GROUP ANY PAYMENTS RECOUPED BY OUR COLLECTIONS GROUP ARE THEN APPLIED AGAINST THE BAD DEBT EXPENSE IT IS OUR ESTIMATION BASED ON HISTORICAL EXPERIENCE THAT ABOUT 50% OF THE REMAINING PORTION OF BAD DEBTS (AFTER RECOVERIES) COULD BE APPLICABLE TO PATIENTS WHO, ON ADDITIONAL REVIEW AND PROVIDING ALL RELEVANT INFORMATION, WOULD QUALIFY FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART III, LINE 8	THE ORGANIZATION USED ITS MEDICARE COST REPORT TO COMPUTE AMOUNTS PRESENTED ON LINES 5 AND 6

Form and Line Reference	Explanation
PART III, LINE 9B	METHODIST LE BONHEUR HEALTHCARE'S COLLECTION PROCESS BEGINS WITH THE ORGANIZATION'S REVENUE CYCLE TEAM MAKING INITIAL COLLECTION EFFORTS TO RECOUP ALL MONIES DUE FROM THE PATIENTS' INSURANCE PROVIDERS. WHEN THE AMOUNT DUE IS SOLELY THE PATIENT'S PORTION, THE ACCOUNT IS TRANSFERRED TO ANOTHER TEAM THAT SPECIALIZES IN PATIENT PORTION ACCOUNTS (EARLY-OUT PROGRAM). IT IS THIS PROGRAM THAT INITIALLY DETERMINES IF A PATIENT QUALIFIES FOR CHARITY CARE UNDER THE ORGANIZATION'S POLICY. IF QUALIFICATION IS UNCLEAR, THIS PROGRAM ATTENDS TO THE ACCOUNT FOR A PREDETERMINED TIME THROUGH LETTERS AND PHONE CALLS. THE DURATION IS DEPENDENT ON VARIOUS SCENARIOS THAT AFFECT ITS LENGTH, SUCH AS PAYMENT ARRANGEMENTS, DISPUTES, ETC. AFTER THE EARLY-OUT TIME PERIOD HAS EXPIRED, THE ACCOUNT IS THEN SENT TO OUR COLLECTIONS GROUP. AN ACCOUNT PLACED WITH OUR COLLECTION GROUP EXPERIENCES A CONTINUED AND THOROUGH COLLECTION PHASE. ONCE ALL COLLECTION EFFORTS HAVE BEEN EXHAUSTED AND IT IS DETERMINED THAT THE REMAINING BALANCE WILL NOT BE COLLECTED, THE ACCOUNT IS REEVALUATED ON THE CRITERIA USED TO DETERMINE FINANCIAL AID ELIGIBILITY.

Form and Line Reference	Explanation
PART VI, LINE 2	THE ORGANIZATION COMPLETED THE COMMUNITY HEALTH NEEDS ASSESMENT (CHNA) AND THE IMPLEMENTATION STRATEGY IN 2013 METHODIST HEALTHCARE-MEMPHIS HOSPITAL IS COMMITTED TO UNDERTAKING A COMMUNITY-WIDE PROCESS TO DEVELOP A COMPREHENSIVE CHNA REPRESENTING THE NEEDS IN OUR SERVICE AREA SECONDARY DATA FROM DEMOGRAPHICS AND SOCIOECONOMIC SOURCES, VITAL STATISTICS, DISEASE PREVALENCE AND HEALTH INDICATORS AND STATISTICS WERE COLLECTED ADDITIONALLY, MLH COMPLETED FOUR PRIMARY RESEARCH STUDIES TO DETERMINE THE HEALTH NEEDS OF ITS SERVICE AREA POPULATION THE NATIONAL RESEARCH CORPORATION (NRC) CONSUMER HEALTH REPORT WAS COMPLETED IN 2011 PROVIDING VALUABLE INFORMATION ABOUT THE MIDDLE AND UPPER INCOME POPULATIONS IN THE MLH SERVICE AREA THE NRC CONSUMER HEALTH REPORT WAS AN EMAILED SURVEY TO A RANDOM SAMPLE OF GREATER MEMPHIS AREA RESIDENTS BECAUSE THE SURVEY WAS EMAIL-BASED, WE BELIEVED THAT THE SURVEY MAY HAVE EXCLUDED THE NEEDS OF LOW-INCOME GROUPS WITH LESS ACCESS TO COMPUTERS AND INTERNET TO AUGMENT THE NRC CONSUMER HEALTH REPORT FINDINGS, METHODIST CONDUCTED A MAIL-BASED SURVEY TO INDIVIDUALS MAKING LESS THAN \$40,000 PER YEAR THE MAILED SURVEY WAS SENT TO A RANDOM SAMPLE OF LOW-INCOME CONSUMERS LIVING IN THE GREATER MEMPHIS AREA BECAUSE MEMPHIS IS HOME TO A RELATIVELY LARGE HOMELESS AND HOUSING-INSECURE POPULATION, SOUP KITCHEN INTERVIEWS WERE COMPLETED TO CAPTURE THE HEALTH NEEDS OF THIS HIGH-RISK POPULATION FINALLY, FOR ADDITIONAL INPUT FROM LOCAL EMPLOYERS, THE MLH CEO CONDUCTED ONE-ON-ONE INTERVIEWS WITH COMMUNITY LEADERS TO ASSESS THEIR NEEDS WE BELIEVE THE COMBINATION OF SURVEY METHODOLOGIES (MAIL, INTERNET AND PERSONAL INTERVIEWS) WAS THE BEST WAY TO ACCURATELY CAPTURE THE HEALTH NEEDS OF OUR ENTIRE, DIVERSE AND SOCIALLY/MEDICALLY COMPLEX COMMUNITY TOGETHER THE SURVEYS PROVIDE TOOLS TO STRENGTHEN THE HEALTH OF THE COMMUNITY BY ASSISTING IN THE FOLLOWING A MEASUREMENT AND EVALUATION OF HEALTH STATUS AND HEALTHCARE UTILIZATION WITHIN THE COMMUNITYB IDENTIFICATION OF THE PREVALENCE OF CHRONIC CONDITIONS WITHIN VARIOUS DEMOGRAPHIC AND GEOGRAPHIC SEGMENTS WITHIN THE COMMUNITYC IDENTIFICATION AND MAPPING OF HIGH-RISK POPULATIONSD IDENTIFICATION OF GAPS IN CARE AND PREVENTIVE HEALTH BEHAVIORS AMONG VARIOUS DEMOGRAPHIC AND GEOGRAPHIC SEGMENTS WITHIN THE COMMUNITYTHE INFORMATION WAS PRESENTED TO THE SENIOR LEADERSHIP CHARGED WITH DEFINING MLH'S STRATEGIC PRIORITIES AND A LIST OF THE HEALTH ISSUES THAT WERE IDENTIFIED IN BOTH PRIMARY AND SECONDARY DATA SOURCES WAS CREATED MANAGEMENT PRIORITIZED STRATEGY BASED UPON NEEDS IDENTIFIED AND RESOURCES AVAILABLE IDENTIFIED PRIORITIES WERE PRESENTED TO THE FAITH AND HEALTH AND QUALITY SUB-COMMITTEES OF THE MLH BOARD OF DIRECTORS

Form and Line Reference	Explanation
PART VI, LINE 3	METHODIST HEALTHCARE - MEMPHIS HOSPITALS UTILIZES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE THE LEVEL OF DISCOUNT UNINSURED PATIENTS MAY RECEIVE THE LEVEL BY WHICH ASSISTANCE IS DETERMINED IS THROUGH THE SCALE SET BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), WHICH INCLUDES FACTORS SUCH AS RESIDENTS PER HOUSEHOLD AND INCOME. MMMH COMMUNICATES AND PROVIDES ASSISTANCE CONCERNING ELIGIBILITY FOR FINANCIAL ASSISTANCE IN SEVERAL WAYS. CHARITY CARE POLICIES ARE POSTED AND UPDATED AS PART OF THE ORGANIZATION'S SYSTEM POLICIES AND ARE AVAILABLE TO ALL STAFF THROUGH THE COMPANY INTRANET CONNECTIONS. IN ADDITION, PATIENT-FRIENDLY SUMMARIES OF THESE POLICIES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT ALL PUBLIC AREAS OF THE FACILITY. AT THE TIME OF PATIENT REGISTRATION, MMMH PROVIDES FINANCIAL COUNSELING BASED ON THE AVAILABLE INSURANCE AND "ABILITY TO PAY" INFORMATION PROVIDED. MMMH ALSO SUPPLIES CHARITY CARE APPLICATIONS AND OFFERS ASSISTANCE IN THE COMPLETION OF FORMS IN ALL INSTANCES WHERE THE "FINANCIAL PICTURE AS PRESENTED TO US" APPEARS TO WARRANT THAT SERVICE. FINALLY, THE HOSPITAL DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENTAL BENEFITS, SUCH AS MEDICAID OR OTHER STATE PROGRAMS, AND ASSISTS THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, AS APPLICABLE. LANGUAGE BARRIERS ARE TAKEN INTO ACCOUNT WITH ALL PATIENT COMMUNICATION. ALL STAFF WITH PATIENT CONTACT, INCLUDING ADMISSION AND BILLING CLERKS, NURSES AND THE MEDICAL STAFF, SOCIAL WORKERS, CHAPLAINS, AND PATIENT ADVOCATES, ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY AND ASSIST PATIENTS WHEN NECESSARY.

Form and Line Reference	Explanation
PART VI, LINE 4	METHODIST HEALTHCARE - MEMPHIS HOSPITALS WAS FOUNDED BY THE MEMPHIS, ARKANSAS, AND MISSISSIPPI CONFERENCES OF THE UNITED METHODIST CHURCH TO SERVE ITS POPULATION IN THESE AREAS. MHMH HAS FOUR ADULT LOCATIONS AND A PEDIATRIC FACILITY, LE BONHEUR CHILDREN'S HOSPITAL. THE PRIMARY SERVICE AREA IS SHELBY COUNTY, TENNESSEE, WITH AN URBAN POPULATION OF APPROXIMATELY ONE MILLION. THE HOSPITAL FURNISHES TERTIARY SERVICES TO DIVERSE SOCIO-ECONOMIC POPULATIONS ACROSS A LARGE AREA IN EASTERN ARKANSAS, WEST TENNESSEE, AND NORTH MISSISSIPPI. THE POPULATION OF THE FIVE-COUNTY SERVICE AREA IS EXPECTED TO GROW BY TWO PERCENT OVER THE NEXT FIVE YEARS. THE SERVICE AREA HAS A MUCH HIGHER PROPORTION OF BLACK NON-HISPANIC POPULATION THAN THE STATE OF TENNESSEE AND NATION WITH FORTY-SIX PERCENT BLACK NON-HISPANIC, FORTY-FOUR PERCENT WHITE NON-HISPANIC, SIX PERCENT HISPANIC AND FOUR PERCENT OTHER RACES/ETHNICITIES. THE AVERAGE HOUSEHOLD INCOME IS APPROXIMATELY \$66,400 WHICH IS TEN PERCENT BELOW THE NATIONAL AVERAGE. MHMH IS THE LARGEST TENNCARE/MEDICAID PROVIDER IN THE AREA WITH APPROXIMATELY 13,000 INPATIENTS SERVED EACH YEAR. LE BONHEUR CHILDREN'S HOSPITAL IS THE ONLY PEDIATRIC HOSPITAL IN THE REGION SERVING CHILDREN'S PRIMARY AND TERTIARY CARE NEEDS. AS AN ACADEMIC MEDICAL CENTER, MHMH TRAINS HEALTH PROFESSIONALS AND FURNISHES SPECIALIZED HEALTHCARE SERVICES NOT OTHERWISE AVAILABLE IN THE REGION. MHMH IS THE PRIMARY PRACTICE LOCATION FOR THE UNIVERSITY OF TENNESSEE SCHOOL OF MEDICINE. THIS DISTINCTION, ALONG WITH THE ACCOMPANYING RESEARCH, BENEFITS THE ENTIRE METROPOLITAN COMMUNITY.

Form and Line Reference	Explanation
PART VI, LINE 5	AT METHODIST LE BONHEUR HEALTHCARE, WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO GIV ING BACK TO THE COMMUNITY IN A MEANINGFUL WAY OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL AC CESS TO ALL INDIVIDUALS IN OUR SERVICE AREA BECAUSE OUR FACILITIES ARE PLACED IN ALL QUAD RANTS OF OUR GEOGRAPHIC SERVICE AREAS, WE PROVIDE ACCESS TO HEALTHCARE FOR ALL OF THE COMM UNITY AS EXAMPLES OF OUR GIVING BACK TO OUR COMMUNITIES, WE HOST HEALTH FAIRS AT OUR NORT H, SOUTH AND OLIVE BRANCH HOSPITALS EACH YEAR WHICH INCLUDES A VARIETY OF HEALTH SCREENING S, EDUCATION SEMINARS, COOKING CLASSES, ETC PROVIDED AT NO COST TO THE PARTICIPANTS WE A BSORB THE COST TO PROVIDE MEDICATIONS, DURABLE MEDICAL EQUIPMENT AND HOME HEALTH VISITS FO R MANY OF OUR INDIGENT PATIENTS AFTER DISCHARGE TO CONTINUE THEIR RECOVERY PROCESS EACH O F OUR FACILITIES ALSO ABSORBS THE COST OF TRANSPORTATION FOR MANY OF OUR PATIENTS BY CAB, BUS, OR AMBULANCE TO GET HOME AFTER DISCHARGE MEDICAL EDUCATION AND RESEARCHMETHODIST SUPP ORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE HEALTH SCI ENCE CENTER (UTHSC) FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL TH ESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, B UT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST THESE TRAINEES S PEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES CHURCH HEALTH CENTERAS AN EARLY SUP PORTER OF THE CHURCH HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN I TS MISSION TO SERVE THE WORKING POOR FROM ITS BEGINNINGS AS A PROJECT OF ST JOHN'S UNITE D METHODIST CHURCH AND OF DR SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS T ODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PAST ORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS METHODI ST HEALTHCARE - MEMPHIS HOSPITALS IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR MHMH HELPS SUP PORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE LE BONHEUR COMMUNI TY HEALTH & WELL-BEINGLE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY OUTREACH DIVISION WORKS T O EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS THROUGH A VARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION WHIL E THESE PROGRAMS ARE LARGELY FUNDED BY GRANTS, METHODIST GAVE \$1,579,000 IN SUPPORT IN 201 4 FOR IN-KIND DONATIONS TO SUPPORT THESE PROGRAMS THE SPIRIT OF FAITH AND HEALING PERVADES METHODIST LE BONHEUR HEALTHCARE AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE H OW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WI TH THEM WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS TO THAT END, WE HAVE ENTERED IN TO COVENANT RELATIONSHIPS WITH 500+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE H EALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS THE CE NTER OF EXCELLENCE IN FAITH AND HEALTH (COE) IS HOUSED IN RENOVATED SPACE AT METHODIST UNI VERSITY HOSPITAL THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR TH E IMPROVED WELLBEING OF THOUSANDS OF PATIENTS THE CENTER'S GOAL IS TO DRAMATICALLY ENHANC E QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES WE BELIEVE THAT THE COU PLING OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENT S, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A S TATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUC ATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBE RS IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLO BE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, L OCAL CLERGY AND COMMUNITY HEALTH PARTNERS THE FOUNDATION RAISED OVER \$2 MILLION TO MAKE T HIS PROJECT A REALITY METHODIST PLACES A STRONG VALUE ON EDUCATION THROUGH THE MEMPHIS CI TY ADOPT-A-SCHOOL PROGRAM, MLH ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJ ECTS - PROCTOR TESTS - PROVIDE FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMSIN-KIND GOO DS AND SERVICES MH-MH ASSOCIATES DONATED THOUSANDS OF HOURS TO MANY COMMUNITY GROUPS BY SE RVING ON NUMEROUS BOARDS AND COMMITTEES, INCLUDING

Form and Line Reference	Explanation
PART VI, LINE 5	AMERICAN HEART ASSOCIATION, HABITAT FOR HUMANITY, AMERICAN PHARMACISTS ASSOCIATION, MARC H OF DIMES, SUBSIDIUM, TN HEALTH INFORMATION MANAGEMENT ASSOC , CHESTER COUNTY HEALTH COUN CIL, LIFEblood, TN HOSPICE ORGANIZATION ALZHEIMER'S ASSOCIATION OF WEST TENNESSEE, MID-SO UTH ASSOCIATION OF CATHOLIC NURSES, UNIVERSITY OF MEMPHIS MENTORING PROJECT, BOYS AND GIRL S CLUB OF GREATER MEMPHIS RALEIGH COMMUNITY COUNCIL, MEMPHIS DISTRICT DIETETIC ASSOCIATION , MEMPHIS GAY AND LESBIAN COMMUNITY CENTER, AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, MID -SOUTH AMERICAN CANCER SOCIETY, HEALTHY MEMPHIS COMMON TABLE, LEADERSHIP GERMANTOWN, MEMPH IS DIABETES EDUCATORS ASSOCIATION, ARKANSAS CONFERENCE, THE UNITED METHODIST CHURCH, CARRO LL COUNTY HEALTH COUNCIL, AMERICAN NURSES ASSOCIATION EMERGENCY NURSES ASSOCIATION, CROCKE TT COUNTY HEALTH COUNCIL, LEADERSHIP FAYETTE, UNITED METHODIST NEIGHBORHOOD CENTERS, MISSI SSIPPI CONFERENCE, THE UNITED METHODIST CHURCH, MILLINGTON ROTARY, BARTLETT CHAMBER OF COM MERCE, GERMANTOWN CHAMBER OF COMMERCE, MEMPHIS THEOLOGICAL SEMINARY, TN PHYSICAL THERAPY A SSOCIATION, POLYSOMNOGRAPHY PROFESSIONAL STANDARDS COMMITTEE, HEALTHCARE FINANCIAL MANAGEM ENT ASSOCIATION, VOLUNTEER MID-SOUTH, EARLY SUCCESS COALITION, CHRISTIAN BROTHERS UNIVERSI TY, TENNESSEE SLEEP SOCIETY, MEMPHIS ACADEMY OF HEALTH SCIENCES, MILLINGTON CHAMBER OF COM MERCE, TN ORGANIZATION OF NURSE EXECUTIVES, MEMPHIS AMERICAN SOCIETY OF PARENTERAL NUTRITI ON, OAKLAND CHAMBER OF COMMERCE, FRIENDS OF MEMPHIS PUBLIC LIBRARY, DELTA CONSORTIUM, MEMP HIS AND SHELBY CO CHILDREN AND YOUTH COUNCIL MOSES COALITION, TN GENERAL ASSEMBLY'S BLACK HEALTH CARE COMMISSION FAYETTE CHAMBER OF COMMERCE, MEMPHIS CONFERENCE, THE UNITED METHOD IST CHURCH, BENTON COUNTY HEALTH COUNCIL, TN HOME VISITATION COALITION, TN PHARMACISTS ASS OCIATION, KIWANIS CLUB, SPECIAL KIDS AND FAMILIES, MCNAIRY COUNTY HEALTH COUNCIL, WHITEHAV EN ECONOMIC DEVELOPMENT CORP COMMUNITY-BASED CHILD ABUSE PREVENTION STATE ADVISORY BOARD, ROTARY CLUB TIPTON COUNTY HEALTH COUNCIL, DYER COUNTY HEALTH COUNCIL, MEMPHIS REGIONAL EA RLY HOME VISITATION COLLABORATION, NORTHWEST MISSISSIPPI COMMUNITY COLLEGE WEST TN REGIONA L HEALTH COUNCIL, HARDIN COUNTY COMMUNITY HEALTH CENTER, HENDERSON COUNTY HEALTH COUNCIL, LAUDERDALE COUNTY HEALTH COUNCIL, TN SOCIETY FOR RESPIRATORY CARE, FAYETTE COUNTY HEALTH COUNCIL, CHILD CARE RESOURCE AND REFERRAL ADVISORY COMMITTEE (CUMBERLAND COUNTY), SHELBY CO UNTY DCS, HARDEMAN COUNTY HEALTH COUNCIL, WEAKLEY COUNTY HEALTH COUNCIL, MATERNAL LEAGUE O F MEMPHIS, WEST TN ASSOCIATION OF SCHOOL NURSES, FUTURE LEADER'S ACADEMY HENRY COUNTY HEAL TH COUNCIL, PEOPLE FIRST, TN CHILD PASSENGER SAFETY BOARD MADISON COUNTY HEALTH COUNCIL, H EAD START, TN ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, AMERICAN ASSOCIATION OF GRA NT PROFESSIONALS-TN CHAPTER MID-SOUTH PERINATAL BEREAVEMENT COUNCIL, MEMPHIS URBAN LEAGUE, TN COUNCIL ON CHILDREN'S MENTAL HEALTH, CHILD CARE RESOURCE AND REFERRAL ADVISORY COMMITTEE, MID-SOUTH COALITION ON HIV/AIDS, TN INTEGRATED CORE INJURY PREVENTION AND CONTROL, AME RICAN COUNCIL OF GRANT PROFESSIONALS-NATIONAL, GERMANTOWN ATHLETIC CLUB COMMISSION, AND TH E GIBSON COUNTY HEALTH COUNCIL A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISE D OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES OF NOR I NDEPENDENT CONTRACTORS OF THE ORGANIZATION THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 6	METHODIST HEALTHCARE - MEMPHIS HOSPITALS, THE FILING ORGANIZATION, IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, METHODIST LE BONHEUR HEALTHCARE (MLH) ALTHOUGH THIS FORM 990 ONLY INCLUDES THE CHARITY CARE AND COMMUNITY BENEFIT OF THIS ORGANIZATION, MLH INCLUDES THE FOLLOWING ENTITIES THAT ALSO PROVIDE CHARITY CARE AND COMMUNITY BENEFIT - METHODIST HEALTHCARE - FAYETTE HOSPITAL - METHODIST EXTENDED CARE HOSPITAL, INC - ALLIANCE HEALTH SERVICES, INC - METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES - METHODIST HEALTHCARE - OLIVE BRANCH HOSPITALIN ADDITION, METHODIST HEALTHCARE FOUNDATION AND LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION PROVIDE VALUABLE FINANCIAL SUPPORT TO THE OPERATIONS OF THE GROUP, ALLOWING IT TO PURSUE RESEARCH AND CONSTRUCTION PROJECTS TO PROVIDE ADDITIONAL BENEFITS TO THE COMMUNITY MLH OPERATES HOSPITALS, CLINICS, URGENT CARE CENTERS, AMBULATORY SURGERY CENTERS, AND OTHER NON-HOSPITAL FACILITIES THAT PROVIDED OVER \$165 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT IN 2014 METHODIST HEALTHCARE - MEMPHIS HOSPITALS ALSO HAS A TEACHING AND RESEARCH AFFILIATION WITH THE UNIVERSITY OF TENNESSEE THE UNIVERSITY HAS A CLINICAL REACH THAT EXTENDS BEYOND THE LOCAL SERVICE AREA, PROVIDING HIGHLY SPECIALIZED SERVICES THAT ATTRACT PATIENTS FROM A MULTI-STATE SERVICE AREA MMMH HAD OVER 267 RESIDENTS, FELLOWS, NURSES, AND ALLIED HEALTH PROFESSIONALS THAT TRAINED IN OUR FACILITIES DURING 2014

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	TN

Additional Data

Software ID:
Software Version:
EIN: 62-0479367
Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 METHODIST UNIVERSITY HOSPITAL, - FACILITY 4 METHODIST NORTH HOSPITAL, - FACILITY 5 METHODIST SOUTH HOSPITAL, - FACILITY 2 METHODIST LE BONHEUR GERMANTOWN HOSPITAL, - FACILITY 3 LE BONHEUR CHILDREN'S HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- METHODIST UNIVERSITY HOSPITAL PART V, SECTION B, LINE 5	MLH ENGAGED SERVICE AREA COMMUNITY ORGANIZATIONS AND LEADERS TO COMPLETE A THOROUGH CHNA ORGANIZATIONS AND LEADERS IDENTIFIED ARE STAKEHOLDERS IN THE HEALTH OF THE COMMUNITY THE MLH CHNA INCORPORATED DATA AND INPUT FROM THE FOLLOWING COMMUNITY HEALTH ASSET MAPPING PARTNERSHIP (CHAMP), HEALTHY SHELBY, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, MEMPHIS HEALTH CENTER INC , UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, SHELBY COUNTY HEALTH DEPARTMENT - MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING (MAPP), GOVERNOR'S CAMPAIGN FOR HEALTH AND WELLNESS - HEALTHY TENNESSEE, CEOS OF MAJOR MEMPHIS BUSINESSES (AUTOZONE, MORGAN KEEGAN, FEDEX, MEDTRONIC, BAKER DONELSON AND FIRST HORIZON)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- METHODIST UNIVERSITY HOSPITAL PART V, SECTION B, LINE 6A	METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST FAYETTE HOSPITAL, METHODIST OLIVE BRANCH HOSPITAL, AND METHODIST EXTENDED CARE HOSPITAL, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- METHODIST UNIVERSITY HOSPITAL PART V, SECTION B, LINE 11	WHILE THE ORGANIZATION HAS STRATEGIC PLANS TO ADDRESS THE MAJORITY OF HEALTH NEEDS IN THE COMMUNITY EITHER ON A LARGER SCALE OR SMALLER SCALE THROUGH PILOTS OR TESTS OF CHANGE, THERE ARE A FEW PRIORITY NEEDS IDENTIFIED IN OUR ASSESSMENT THAT THE ORGANIZTION DOES NOT PLAN TO TACKLE THE HIGH PRIORITY NEEDS ARE ALL PRE-DETERMINANTS OF HEALTH POVERTY, UNEMPLOYMENT, EDUCATION AND CRIME THE ORGANIZATION WILL FOCUS ON THE REST OF THE COMMUNITY'S HEALTH NEEDS AND WILL SUPPORT GROUPS THAT ARE DESIGNED AND RESOURCED TO POSITIVELY IMPACT THESE FOUR AREAS OF NEED SUCH AS "MEMPHIS FAST FORWARD "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- METHODIST UNIVERSITY HOSPITAL PART V, SECTION B, LINE 15E	IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- METHODIST UNIVERSITY HOSPITAL PART V, SECTION B, LINE 16I	IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- METHODIST UNIVERSITY HOSPITAL PART V, SECTION B, LINE 22D	THE ORGANIZATION IS IN PROCESS OF ADOPTING PROCEDURES OUTLINED IN REG SEC 1 501(R)-5 TO DETERMINE THE AMOUNTS GENERALLY BILLED FOR THE FACILITY UNTIL SUCH TIME AS THOSE PROCEDURES ARE ADOPTED, THE ORGANIZATION IS CONFIDENT THAT ITS DISCOUNTS UNDER ITS FINANCIAL ASSISTANCE POLICY ARE SUBSTANTIALLY LARGE ENOUGH TO BE IN COMPLIANCE OF SEC 501(R)(5) AND THE LIMITS SET ON CHARGES THEREUNDER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL PART V, SECTION B, LINE 5	MLH ENGAGED SERVICE AREA COMMUNITY ORGANIZATIONS AND LEADERS TO COMPLETE A THOROUGH CHNA ORGANIZATIONS AND LEADERS IDENTIFIED ARE STAKEHOLDERS IN THE HEALTH OF THE COMMUNITY THE MLH CHNA INCORPORATED DATA AND INPUT FROM THE FOLLOWING COMMUNITY HEALTH ASSET MAPPING PARTNERSHIP (CHAMP), HEALTHY SHELBY, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, MEMPHIS HEALTH CENTER INC , UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, SHELBY COUNTY HEALTH DEPARTMENT - MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING (MAPP), GOVERNOR'S CAMPAIGN FOR HEALTH AND WELLNESS - HEALTHY TENNESSEE, CEOS OF MAJOR MEMPHIS BUSINESSES (AUTOZONE, MORGAN KEEGAN, FEDEX, MEDTRONIC, BAKER DONELSON AND FIRST HORIZON)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL PART V, SECTION B, LINE 6A	METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST FAYETTE HOSPITAL, METHODIST OLIVE BRANCH HOSPITAL, AND METHODIST EXTENDED CARE HOSPITAL, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL PART V, SECTION B, LINE 11	WHILE THE ORGANIZATION HAS STRATEGIC PLANS TO ADDRESS THE MAJORITY OF HEALTH NEEDS IN THE COMMUNITY EITHER ON A LARGER SCALE OR SMALLER SCALE THROUGH PILOTS OR TESTS OF CHANGE, THERE ARE A FEW PRIORITY NEEDS IDENTIFIED IN OUR ASSESSMENT THAT THE ORGANIZATION DOES NOT PLAN TO TACKLE THE HIGH PRIORITY NEEDS ARE ALL PRE-DETERMINANTS OF HEALTH POVERTY, UNEMPLOYMENT, EDUCATION AND CRIME THE ORGANIZATION WILL FOCUS ON THE REST OF THE COMMUNITY'S HEALTH NEEDS AND WILL SUPPORT GROUPS THAT ARE DESIGNED AND RESOURCED TO POSITIVELY IMPACT THESE FOUR AREAS OF NEED SUCH AS "MEMPHIS FAST FORWARD "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL PART V, SECTION B, LINE 15E	IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL PART V, SECTION B, LINE 16I	IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- METHODIST LE BONHEUR GERMANTOWN HOSPITAL PART V, SECTION B, LINE 22D	THE ORGANIZATION IS IN PROCESS OF ADOPTING PROCEDURES OUTLINED IN REG SEC 1 501(R)-5 TO DETERMINE THE AMOUNTS GENERALLY BILLED FOR THE FACILITY UNTIL SUCH TIME AS THOSE PROCEDURES ARE ADOPTED, THE ORGANIZATION IS CONFIDENT THAT ITS DISCOUNTS UNDER ITS FINANCIAL ASSISTANCE POLICY ARE SUBSTANTIALLY LARGE ENOUGH TO BE IN COMPLIANCE OF SEC 501(R)(5) AND THE LIMITS SET ON CHARGES THEREUNDER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- LE BONHEUR CHILDREN'S HOSPITAL PART V, SECTION B, LINE 5	MLH ENGAGED SERVICE AREA COMMUNITY ORGANIZATIONS AND LEADERS TO COMPLETE A THOROUGH CHNA ORGANIZATIONS AND LEADERS IDENTIFIED ARE STAKEHOLDERS IN THE HEALTH OF THE COMMUNITY THE MLH CHNA INCORPORATED DATA AND INPUT FROM THE FOLLOWING COMMUNITY HEALTH ASSET MAPPING PARTNERSHIP (CHAMP), HEALTHY SHELBY, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, MEMPHIS HEALTH CENTER INC , UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, SHELBY COUNTY HEALTH DEPARTMENT - MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING (MAPP), GOVERNOR'S CAMPAIGN FOR HEALTH AND WELLNESS - HEALTHY TENNESSEE, CEOS OF MAJOR MEMPHIS BUSINESSES (AUTOZONE, MORGAN KEEGAN, FEDEX, MEDTRONIC, BAKER DONELSON AND FIRST HORIZON)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- LE BONHEUR CHILDREN'S HOSPITAL PART V, SECTION B, LINE 6A	METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST FAYETTE HOSPITAL, METHODIST OLIVE BRANCH HOSPITAL, AND METHODIST EXTENDED CARE HOSPITAL, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- LE BONHEUR CHILDREN'S HOSPITAL PART V, SECTION B, LINE 11	WHILE THE ORGANIZATION HAS STRATEGIC PLANS TO ADDRESS THE MAJORITY OF HEALTH NEEDS IN THE COMMUNITY EITHER ON A LARGER SCALE OR SMALLER SCALE THROUGH PILOTS OR TESTS OF CHANGE, THERE ARE A FEW PRIORITY NEEDS IDENTIFIED IN OUR ASSESSMENT THAT THE ORGANIZATION DOES NOT PLAN TO TACKLE THE HIGH PRIORITY NEEDS ARE ALL PRE-DETERMINANTS OF HEALTH POVERTY, UNEMPLOYMENT, EDUCATION AND CRIME THE ORGANIZATION WILL FOCUS ON THE REST OF THE COMMUNITY'S HEALTH NEEDS AND WILL SUPPORT GROUPS THAT ARE DESIGNED AND RESOURCED TO POSITIVELY IMPACT THESE FOUR AREAS OF NEED SUCH AS "MEMPHIS FAST FORWARD "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- LE BONHEUR CHILDREN'S HOSPITAL PART V, SECTION B, LINE 15E	IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- LE BONHEUR CHILDREN'S HOSPITAL PART V, SECTION B, LINE 16I	IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- LE BONHEUR CHILDREN'S HOSPITAL PART V, SECTION B, LINE 22D	THE ORGANIZATION IS IN PROCESS OF ADOPTING PROCEDURES OUTLINED IN REG SEC 1 501(R)-5 TO DETERMINE THE AMOUNTS GENERALLY BILLED FOR THE FACILITY UNTIL SUCH TIME AS THOSE PROCEDURES ARE ADOPTED, THE ORGANIZATION IS CONFIDENT THAT ITS DISCOUNTS UNDER ITS FINANCIAL ASSISTANCE POLICY ARE SUBSTANTIALLY LARGE ENOUGH TO BE IN COMPLIANCE OF SEC 501(R)(5) AND THE LIMITS SET ON CHARGES THEREUNDER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- METHODIST NORTH HOSPITAL PART V, SECTION B, LINE 5	MLH ENGAGED SERVICE AREA COMMUNITY ORGANIZATIONS AND LEADERS TO COMPLETE A THOROUGH CHNA ORGANIZATIONS AND LEADERS IDENTIFIED ARE STAKEHOLDERS IN THE HEALTH OF THE COMMUNITY THE MLH CHNA INCORPORATED DATA AND INPUT FROM THE FOLLOWING COMMUNITY HEALTH ASSET MAPPING PARTNERSHIP (CHAMP), HEALTHY SHELBY, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, MEMPHIS HEALTH CENTER INC , UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, SHELBY COUNTY HEALTH DEPARTMENT - MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING (MAPP), GOVERNOR'S CAMPAIGN FOR HEALTH AND WELLNESS - HEALTHY TENNESSEE, CEOS OF MAJOR MEMPHIS BUSINESSES (AUTOZONE, MORGAN KEEGAN, FEDEX, MEDTRONIC, BAKER DONELSON AND FIRST HORIZON)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- METHODIST NORTH HOSPITAL PART V, SECTION B, LINE 6A	METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST FAYETTE HOSPITAL, METHODIST OLIVE BRANCH HOSPITAL, AND METHODIST EXTENDED CARE HOSPITAL, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- METHODIST NORTH HOSPITAL PART V, SECTION B, LINE 11	WHILE THE ORGANIZATION HAS STRATEGIC PLANS TO ADDRESS THE MAJORITY OF HEALTH NEEDS IN THE COMMUNITY EITHER ON A LARGER SCALE OR SMALLER SCALE THROUGH PILOTS OR TESTS OF CHANGE, THERE ARE A FEW PRIORITY NEEDS IDENTIFIED IN OUR ASSESSMENT THAT THE ORGANIZATION DOES NOT PLAN TO TACKLE THE HIGH PRIORITY NEEDS ARE ALL PRE-DETERMINANTS OF HEALTH POVERTY, UNEMPLOYMENT, EDUCATION AND CRIME THE ORGANIZATION WILL FOCUS ON THE REST OF THE COMMUNITY'S HEALTH NEEDS AND WILL SUPPORT GROUPS THAT ARE DESIGNED AND RESOURCED TO POSITIVELY IMPACT THESE FOUR AREAS OF NEED SUCH AS "MEMPHIS FAST FORWARD "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- METHODIST NORTH HOSPITAL PART V, SECTION B, LINE 15E	IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- METHODIST NORTH HOSPITAL PART V, SECTION B, LINE 16I	IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- METHODIST NORTH HOSPITAL PART V, SECTION B, LINE 22D	THE ORGANIZATION IS IN PROCESS OF ADOPTING PROCEDURES OUTLINED IN REG SEC 1 501(R)-5 TO DETERMINE THE AMOUNTS GENERALLY BILLED FOR THE FACILITY UNTIL SUCH TIME AS THOSE PROCEDURES ARE ADOPTED, THE ORGANIZATION IS CONFIDENT THAT ITS DISCOUNTS UNDER ITS FINANCIAL ASSISTANCE POLICY ARE SUBSTANTIALLY LARGE ENOUGH TO BE IN COMPLIANCE OF SEC 501(R)(5) AND THE LIMITS SET ON CHARGES THEREUNDER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- METHODIST SOUTH HOSPITAL PART V, SECTION B, LINE 5	MLH ENGAGED SERVICE AREA COMMUNITY ORGANIZATIONS AND LEADERS TO COMPLETE A THOROUGH CHNA ORGANIZATIONS AND LEADERS IDENTIFIED ARE STAKEHOLDERS IN THE HEALTH OF THE COMMUNITY THE MLH CHNA INCORPORATED DATA AND INPUT FROM THE FOLLOWING COMMUNITY HEALTH ASSET MAPPING PARTNERSHIP (CHAMP), HEALTHY SHELBY, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, MEMPHIS HEALTH CENTER INC , UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, SHELBY COUNTY HEALTH DEPARTMENT - MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING (MAPP), GOVERNOR'S CAMPAIGN FOR HEALTH AND WELLNESS - HEALTHY TENNESSEE, CEOS OF MAJOR MEMPHIS BUSINESSES (AUTOZONE, MORGAN KEEGAN, FEDEX, MEDTRONIC, BAKER DONELSON AND FIRST HORIZON)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- METHODIST SOUTH HOSPITAL PART V, SECTION B, LINE 6A	METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST FAYETTE HOSPITAL, METHODIST OLIVE BRANCH HOSPITAL, AND METHODIST EXTENDED CARE HOSPITAL, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- METHODIST SOUTH HOSPITAL PART V, SECTION B, LINE 11	WHILE THE ORGANIZATION HAS STRATEGIC PLANS TO ADDRESS THE MAJORITY OF HEALTH NEEDS IN THE COMMUNITY EITHER ON A LARGER SCALE OR SMALLER SCALE THROUGH PILOTS OR TESTS OF CHANGE, THERE ARE A FEW PRIORITY NEEDS IDENTIFIED IN OUR ASSESSMENT THAT THE ORGANIZATION DOES NOT PLAN TO TACKLE THE HIGH PRIORITY NEEDS ARE ALL PRE-DETERMINANTS OF HEALTH POVERTY, UNEMPLOYMENT, EDUCATION AND CRIME THE ORGANIZATION WILL FOCUS ON THE REST OF THE COMMUNITY'S HEALTH NEEDS AND WILL SUPPORT GROUPS THAT ARE DESIGNED AND RESOURCED TO POSITIVELY IMPACT THESE FOUR AREAS OF NEED SUCH AS "MEMPHIS FAST FORWARD "

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- METHODIST SOUTH HOSPITAL PART V, SECTION B, LINE 15E	IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- METHODIST SOUTH HOSPITAL PART V, SECTION B, LINE 16I	IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- METHODIST SOUTH HOSPITAL PART V, SECTION B, LINE 22D	THE ORGANIZATION IS IN PROCESS OF ADOPTING PROCEDURES OUTLINED IN REG SEC 1 501(R)-5 TO DETERMINE THE AMOUNTS GENERALLY BILLED FOR THE FACILITY UNTIL SUCH TIME AS THOSE PROCEDURES ARE ADOPTED, THE ORGANIZATION IS CONFIDENT THAT ITS DISCOUNTS UNDER ITS FINANCIAL ASSISTANCE POLICY ARE SUBSTANTIALLY LARGE ENOUGH TO BE IN COMPLIANCE OF SEC 501(R)(5) AND THE LIMITS SET ON CHARGES THEREUNDER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16A WEBSITE	WWW.METHODISTHEALTH.ORG/ABOUT-US/OUR-CULTURE/COMMUNITY-IMPACT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 16B WEBSITE	WWW.METHODISTHEALTH.ORG/DOTASSET/69B2C52B-8D87-4995-A476-C495E4E8AD00.PDF

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
METHODIST HEALTHCARE OUTPATIENT SERVICES 100 NORTH HUMPHREYS BLVD MEMPHIS,TN 381202146	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST HEALTHCARE OUTPATIENT SERVICES 1588 UNION AVE MEMPHIS,TN 381043729	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST HEALTHCARE OUTPATIENT SERVICES 7668 AIRWAYS BLVD SOUTHAVEN,MS 38671	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SUTHERLAND CARDIOLOGY 7460 WOLF RIVER BLVD GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SCC SOUTH OFFICE 1251 WESLEY DR STE 153 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SCC UNIVERSITY UTMP 1211 UNION STE 965 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SCC DR LOUIS R CHANIN 60 PHYSICIAN LANE 1 SOUTHAVEN,MS 38671	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SCC NORTH OFFICE 3950 NEW COVINGTON PIKE SUITE 220 MEMPHIS,TN 38128	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SUTHERLAND CARDIOLOGY CLINIC 1325 EASTMORELAND SUITE 440 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SUTHERLAND CARDIOLOGY CLINIC 4250 BETHEL ROAD OLIVE BRANCH,MS 38654	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SUTHERLAND CARDIOLOGY CLINIC 1445 HWY 51 BYPASS E DYERSBURG,TN 38024	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SUTHERLAND CARDIOLOGY CLINIC 900 NORTH 7TH STREET WEST MEMPHIS,AR 72301	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST BREAST DIAGNOSTIC CENTER 7945 WOLF RIVER BLD 170 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST DIAGNOSTIC CENTER- MIDTOWN 1801 UNION AVE MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
WEST CLINIC BREAST CENTER 8000 WOLF RIVER BLVD SUITE 100 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
SOUTHWIND MEDICAL SPECIALISTS 3725 CHAMPION HILLS DR STE 2000 2400 MEMPHIS,TN 38125	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SOUTHWIND MEDICAL SPECIALISTS 5182 SANDERLIN AVE SUITE 3 MEMPHIS,TN 38117	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST HEALTHCARE OUTPATIENT SERVICES 240 GRANDVIEW DRIVE BRIGHTON,TN 38011	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PEDIATRIC CONSULTANTS-LE BONHEUR 51 N DUNLAP ST STE 410 310 MEMPHIS,TN 38105	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PEDIATRIC CONSULTANTS- COLLIERVILLE 1458 W POPLAR AVE STE 201 COLLIERVILLE,TN 38017	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PEDIATRIC CONSULTANTS 6215 HUMPHREYS BLVD STE 200 MEMPHIS,TN 38120	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST GERMANTOWN RADIATION ONCOLOGY 1381 SOUTH GERMANTOWN RD GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST DIAGNOSTIC CTR- GERMANTOWN 1377 SOUTH GERMANTOWN RD GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MIDSOUTH FAMILY MEDICINE-STONECREEK 9047 POPLAR AVE STE 105 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MIDSOUTH FAMILY MEDICINE 1385 WEST BRIERBROOK GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MIDSOUTH FAMILY MED-COUNTRY VILLAGE 8115 COUNTRY VILLAGE CORDOVA,TN 38016	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MIDSOUTH FAMILY MEDICINEN BARTLETT 2589 APPLING RD STE 101 BARTLETT,TN 38133	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST SLEEP DISORDERS CENTER 5050 POPLAR AVE SUITE 300 MEMPHIS,TN 38157	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP TRANSPLANT SURGERY 1211 UNION AVE STE 340 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP TRANSPLANT CLINIC 1265 UNION AVE 1 SHERARD STE 184 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
UTMP SURGICAL ONCOLOGY 7945 WOLF RIVER BLVD STE 280 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP SURGICAL ONCOLOGY 1211 UNION STE 300 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
OB-GYN SPECIALIST PC 6401 POPLAR AVE SUITE 530 MEMPHIS,TN 38119	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MH OUTPATIENT SERVICES 271 POLK AVE WEST MEMPHIS,AR 72301	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
ARTHRITIS GROUP 388 S PAULINE MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
ARTHRITIS GROUP 6263 POPLAR AVE STE 503 MEMPHIS,TN 38119	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PEABODY FAMILY CARE 1325 EASTMORELAND SUITE 150 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
LE BONHEUR URGENT CARE - MEMPHIS 8071 WINCHESTER RD SUITE 2 MEMPHIS,TN 38125	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
IMC - WHITNEY SLADE 3950 NEW COVINGTON PIKE STE 110 MEMPHIS,TN 38128	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MIDTOWN INTERNAL MEDICINE 1533 UNION AVE MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
FOUNDATION MEDICAL GROUP 7690 WOLF RIVER CIRCLE GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP HOSPITALISTS-GTWN 7705 POPLAR BLDG B STE 320 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
LE BONHEUR CORDOVA URGENT CARE 8045 CLUB PARKWAY CORDOVA,TN 38016	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
NORTH WOUND HEALING & DIAGNOTSTIC CTR 3950 NEW COVINGTON PIKE SUITE 350 AND 11 MEMPHIS,TN 38128	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP UROLOGY 910 MADISON MEMPHIS,TN 38103	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
UTMP UROLOGY 1325 EASTMORELAND STE 100 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP UROLOGY 57 GERMANTOWN COURT 204 MEMPHIS,TN 38108	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP UROLOGY 1264 WESLEY DR STE 601 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PENNMARC INTERNAL MEDICINE 6401 POPLAR RD STE 400 MEMPHIS,TN 38119	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
LE BONHEUR REHABILITATION-GERMANTOWN 7714 POPLAR AVE STE 202 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP OTOLARNGOLOGY -(ENT) 7945 WOLF RIVER BLVD STE 290 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
CORNERSTONE OBGYN 6831 CRUMPLER BLVD STE 100 OLIVE BRANCH,MS 38654	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MCCLATCHY MEDICAL CENTER 7235 HACKS CROSS RD OLIVE BRANCH,MS 38654	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP GASTROENTEROLOGY 1251 WESLEY DR STE 151 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP PULMONARY 1265 UNION AVE MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP HOSPITALISTS-NORTH 3960 NEW COVINGTON PIKE MEMPHIS,TN 38128	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
EASTMORELAND INTERNAL MEDICINE 1325 EASTMORELAND SUITE 245 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
KRAUS INTERNAL MEDICINE 7550 WOLF RIVER BLVD STE 103 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST COMPREHENSIVE WOUND CARE CTR 1251 WESLEY DRIVE SUITE 107 AND 141 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PEDIATRIC ASSOCIATES 3876 NEW COVINGTON PIKE MEMPHIS,TN 38128	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
SOUTHCREST WOMEN'S HEALTHCARE 401 SOUTHCREST CIRCLE STE 105 SOUTHAVEN, MS 38671	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
MOTLEY INTERNAL MEDICINE GROUP 1264 WESLEY DR SUITE 606 MEMPHIS, TN 38116	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
KRONEBERG EISEMAN & TSIU (PEDIATRICS O 920 ESTATE DRIVE STE 3 MEMPHIS, TN 38119	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
UTMP VASCULAR SURGERY 1264 WESLEY DR STE 601 MEMPHIS, TN 38116	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
UTMP VASCULAR SURGERY 1325 EASTMORELAND STE 310 MEMPHIS, TN 38104	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
CARDIOVASCULAR CENTER (CVS) 7655 POPLAR AVE STE 350 GERMANTOWN, TN 38138	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
OB-GYN ASSOCIATES OF THE MIDSOUTH 7705 POPLAR AVE SUITE 240 GERMANTOWN, TN 38138	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
UTMP INTERNAL MEDICINE 57 GERMANTOWN COURT 100 MEMPHIS, TN 38108	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
UTMP GENERAL SURGERY 1325 EASTMORELAND STE 410 MEMPHIS, TN 38104	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
LE BONHEUR CHILDREN'S HOSP-AUDIOLOGY 7945 WOLF RIVER BLD 240 GERMANTOWN, TN 38138	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
GERMANTOWN HOSPITAL REHAB CENTER 6560 POPLAR AVE MEMPHIS, TN 38138	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
REHAB SRVS-GERMANTOWN 7655 POPLAR AVENUE SUITE 250 GERMANTOWN, TN 38138	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
CARNAHAN CLINIC 7900 AIRWAYS BLVD 6 SOUTHAVEN, MS 38671	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
JORDAN INTERNAL MEDICINE 3473 POPLAR AVE STE 103 MEMPHIS, TN 38111	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC
GERMANTOWN INTERNAL MEDICINE ASSOC 7796 WOLF TRAIL COVE GERMANTOWN, TN 38138	DIAGNOSTIC RADIOLOGY, CHEMOTHERAPY, CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
COMPREHENSIVE PRIMARY CARE 76 CAPITAL WAY STE C D ATOKA TN 38004 ATOKA,TN 38004	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
COMPREHENSIVE PRIMARY CARE 2589 APPLING RD STE 101 BARTLETT TN 38 BARTLETT,TN 38133	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP INFECTIOUS DISEASE 1325 EASTMORELAND STE 370 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP HOSPITALISTS-OLV BRANCH 4250 BETHEL RD OLIVE BRANCH,MS 38654	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
SHARIF ABDUL SALAAM MD 1264 WESLEY DR STE 302 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP ENDOCRINOLOGY 1251 WESLEY DR STE 153 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP THORACIC SURGEONS 7945 WOLF RIVER BLVD STE 280 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP THORACIC SURGEONS 1325 EASTMORELAND STE 460 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
LAKELAND FAMILY MEDICINE 2961 CANADA ROAD LAKELAND,TN 38002	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP NEUROLOGY 1325 EASTMORELAND STE 370 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
HAWKINS FAMILY MEDICINE 491 A CRAFT ST HOLLY SPRINGS,MS 38635	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MARK MILLER MD 7655 POPLAR AVE BLD A 230 MEMPHIS,TN 38119	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
JEAN-CLAUDE LOISEAU MD 1264 WESLEY DR STE 304 MEMPHIS,TN 38116	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
LE BONHEUR THERAPY OUTREACH 77 STONEBRIDGE DR JACKSON,TN 38305	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST HEALTHCARE OUTPATIENT SRVS 1500 W POPLAR RD SUITE 304 COLLIERVILLE,TN 38017	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
MEMPHIS PEDIATRICS 1255 S GERMANTOWN RD GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST SURGICAL ASSOCCGERMANTOWN 7705 POPLAR STE 310 GERMANTOWN,TN 38138	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MITCHELL FAMILY MEDICINE 303 BANCARIO ROAD STE 1 MARION,AR 72364	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP HOSPITALISTS-UNIV 1265 UNION AVENUE MEMPHIS,TN 38103	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PRIMARY HEALTH CARE 565 N ROBBINSON ST SENATOBIA,MS 38668	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
LE BONHEUR OUTPATIENT REHAB 980 POPLAR AVE MEMPHIS,TN 381030000	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
PROFESSIONAL BUILDINGOUTPATIENT CTR 51 N DUNLAP ST MEMPHIS,TN 38105	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
MEACHAM CLINIC 124 WEST COMMERCE STREET HERNANDO,MS 38632	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
DR PORTERFIELD MD 1211 UNION STE 475 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
THADDEUS GAILLARD MD 7900 AIRWAYS BLVD BLD B SUITE 101 SOUTHAVEN,MS 38671	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP RHEUMATOLOGY 1325 EASTMORELAND STE 370 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST SURGICAL ASSOC-NORTH 3950 NEW COVINGTON PIKE STE 200 MEMPHIS,TN 38128	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
METHODIST SURGICAL ASSOC-OLIVE BRANCH 5480 GOODMAN RD STE 2 OLIVE BRANCH,MS 38654	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
OLIVE BRANCH WOMEN'S CENTER 4250 BETHEL RD OLIVE BRANCH,MS 38654	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC
UTMP CARDIOLOGY 1211 UNION AVE STE 965 MEMPHIS,TN 38104	DIAGNOSTIC RADIOLOGY,CHEMOTHERAPY,CLINIC

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number
62-0479367

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 Domestic Organizations and Domestic Governments. 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LE BONHEUR COMMUNITY HEALTH & WELL-BEING 50 PEABODY PLACE MEMPHIS, TN 38103	62-1251288	501(C)(3)	250,000				OPERATIONAL SUPPORT
(2) UNIVERSITY OF TENNESSEE 2407 RIVER RUN DRIVE ROOM A102 KNOXVILLE, TN 37996	62-6001636	501(C)(3)	5,000,000				OPERATIONAL SUPPORT OF PHYSICIAN CLINICS AT MMH LOCATIONS

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

2

3

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

0

Part III

Grants and Other Assistance to Domestic Individuals. 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 ONLY TO OTHER CHARITABLE INSTITUTIONS WITH AN IRS TAX EXEMPTION 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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number
62-0479367

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 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. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) 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 in column(B) 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 3	NOTE THAT THE GOVERNING BODY OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS IDENTICAL TO THE GOVERNING BODY OF METHODIST LE BONHEUR HEALTHCARE, THE SOLE MEMBER AND CONTROLLING ORGANIZATION
PART I, LINE 4B	THE PURPOSE OF THE METHODIST LE BONHEUR HEALTHCARE CONSOLIDATED EXECUTIVE DEFERRED COMPENSATION PLAN IS TO PROVIDE RETIREMENT BENEFITS FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES IN ADDITION TO THE BENEFITS PROVIDED THROUGH THE OTHER RETIREMENT PLANS THAT ARE SPONSORED BY THE COMPANY. IT IS INTENDED THAT THIS PLAN COMPLY WITH INTERNAL REVENUE CODE SECTION 457(F) AND QUALIFY FOR THE SHORT TERM DEFERRAL EXCEPTION TO CODE SECTION 409A. UNDER THE PLAN, CORPORATE EXECUTIVES AT OR ABOVE THE VICE PRESIDENT LEVEL ARE ELIGIBLE TO RECEIVE EXECUTIVE DEFERRED COMPENSATION CREDITS DEPENDING ON THEIR POSITION CLASSIFICATION [6%,8%,10%,12% OF BASE SALARY]. EACH PLAN YEAR, THE EXECUTIVE MUST ELECT A DEFERRED VESTING DATE TO BE APPLIED TO THE DEFERRED COMPENSATION CREDIT THAT WILL BE EARNED IN THAT PLAN YEAR. THE DEFERRED VESTING DATE IS SUBJECT TO A VESTING SCHEDULE THAT REQUIRES A MINIMUM DEFERRAL OF 5 YEARS TO BECOME VESTED. UPON REACHING AGE 55, THE MINIMUM DEFERRAL IS REDUCED TO 3 YRS. UPON REACHING AGE 60, THE MINIMUM DEFERRAL IS REDUCED TO 2 YRS. AT AGE 64, A CASH EQUIVALENT IS PROVIDED TO THE EXECUTIVE AND NO ADDITIONAL DEFERRALS ARE MADE UNDER THIS PLAN. THE PLAN IS UNFUNDED WITH ALL BENEFITS PAID FROM THE COMPANY'S GENERAL ASSETS. HOWEVER, THE EXECUTIVE IS ALLOWED TO DIRECT THE INVESTMENTS OF HIS DEFERRED COMPENSATION CREDIT IN A MENU OF INVESTMENT ALTERNATIVES MADE AVAILABLE BY THE COMPANY. UPON VESTING, A DISTRIBUTION IS PROVIDED LESS APPLICABLE TAX. IN THE CASE OF A VOLUNTARY TERMINATION OF EMPLOYMENT BY THE EXECUTIVE OR INVOLUNTARY TERMINATION OF EMPLOYMENT FOR CAUSE BY THE COMPANY, THE NON-VESTED FUNDS ARE FORFEITED. ACCELERATED VESTING (100%) IS ALLOWED UPON DEATH, DISABILITY OR AN INVOLUNTARY TERMINATION BY THE COMPANY WITHOUT CAUSE. ALLOCATIONS TO THE PLAN FOR 2014 INCLUDE THE FOLLOWING - FROM A RELATED ORGANIZATION: MICHAEL UGWUEKE \$ 61,935; CHRISTOPHER MCLEAN - 73,384; NIKKI POLIS - 30,782; LYNN FIELD - 13,708; MITCH GRAVES - 41,876; DONNA ABNEY - 53,773; DAVID BAYTOS - 38,545; CAROL ROSS-SPANG - 36,893; EDWARD RAFALSKI - 30,431; BILL BREEN - 39,025. FROM THE FILING ORGANIZATION: JEFF LIEBMAN - \$ 45,661; WILLIAM KENLEY - 45,382; ROBIN WOMEDU - 17,277; JAMES CARTER JR - 34,955; JAY ROBINSON - 30,842; GYASI CHISLEY - 35,533. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) PAYOUTS. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEARS FORM 990 AS REQUIRED. PAYOUTS FROM THE PLAN FROM THE ORGANIZATION FOR 2014 INCLUDE THE FOLLOWING: MERI ARMOUR \$ 126,368; WILLIAM KENLEY 66,925. PAYOUTS FROM THE PLAN FROM RELATED ORGANIZATIONS FOR 2014 INCLUDE THE FOLLOWING: MICHAEL UGWUEKE \$ 95,865; DONNA ABNEY 66,985; CHRISTOPHER MCLEAN 98,808; DAVID BAYTOS 51,171; CAROL ROSS-SPANG 66,588; MITCH GRAVES 58,605; LYNN FIELD 34,437; GARY SHORB 558,092; GAIL THURMOND 46,775. IN ADDITION, SEVERAL EXECUTIVES RECEIVED AN EXECUTIVE RETIREMENT LUMP SUM PAYOUT. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEAR'S FORM 990 AS REQUIRED. PAYOUTS FROM THE EXECUTIVE RETIREMENT PLAN FROM THE ORGANIZATION FOR 2014: MERI ARMOUR - \$ 52,585; WILLIAM MAY - 16,419. PAYOUTS FROM THE EXECUTIVE RETIREMENT PLAN FROM RELATED ORGANIZATIONS FOR 2014: GARY SHORB- \$ 103,197; HARRY DURBIN 20,700; CATO JOHNSON 34,090; ALASTAIR MACGREGOR 46,005; GAIL THURMOND 43,632.
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: 62-0479367

Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEAN-CLAUDE LOISEAU MD, BOARD MEMBER	(i) 361,073 (ii) 0	(i) 16,084 (ii) 0	(i) 0 (ii) 0	(i) 5,200 (ii) 0	(i) 18,250 (ii) 0	(i) 400,607 (ii) 0	(i) 0 (ii) 0
1 GARY SHORB, CEO	(i) 0 (ii) 884,106	(i) 0 (ii) 328,798	(i) 0 (ii) 681,090	(i) 0 (ii) 568,878	(i) 0 (ii) 15,968	(i) 0 (ii) 2,478,840	(i) 0 (ii) 641,866
2 MICHAEL UGWUEKE, PRESIDENT & COO	(i) 0 (ii) 489,997	(i) 0 (ii) 131,477	(i) 0 (ii) 127,573	(i) 0 (ii) 146,308	(i) 0 (ii) 22,328	(i) 0 (ii) 917,683	(i) 0 (ii) 122,787
3 DONNA ABNEY, EXECUTIVE VICE PRESIDENT	(i) 0 (ii) 442,898	(i) 0 (ii) 212,140	(i) 0 (ii) 84,430	(i) 0 (ii) 225,122	(i) 0 (ii) 16,880	(i) 0 (ii) 981,470	(i) 0 (ii) 101,262
4 CHRIS MCLEAN, CFO/TREASURER	(i) 0 (ii) 605,094	(i) 0 (ii) 158,897	(i) 0 (ii) 117,559	(i) 0 (ii) 185,191	(i) 0 (ii) 22,328	(i) 0 (ii) 1,089,069	(i) 0 (ii) 136,822
5 DAVID BAYTOS, SVP - MS	(i) 0 (ii) 302,824	(i) 0 (ii) 82,563	(i) 0 (ii) 76,227	(i) 0 (ii) 122,632	(i) 0 (ii) 22,328	(i) 0 (ii) 606,574	(i) 0 (ii) 73,090
6 HARRY DURBIN, SVP - F&H	(i) 0 (ii) 146,680	(i) 0 (ii) 37,828	(i) 0 (ii) 28,914	(i) 0 (ii) 27,765	(i) 0 (ii) 43,980	(i) 0 (ii) 285,167	(i) 0 (ii) 20,700
7 CATO JOHNSON, SVP - CORPORATE AFFAIRS	(i) 0 (ii) 281,366	(i) 0 (ii) 73,915	(i) 0 (ii) 50,840	(i) 0 (ii) 95,807	(i) 0 (ii) 14,263	(i) 0 (ii) 516,191	(i) 0 (ii) 18,731
8 ALASTAIR MACGREGOR MD, SVP - CMIO	(i) 0 (ii) 376,797	(i) 0 (ii) 247,532	(i) 0 (ii) 63,653	(i) 0 (ii) 51,566	(i) 0 (ii) 17,993	(i) 0 (ii) 757,541	(i) 0 (ii) 22,895
9 NIKKI POLIS, SVP - CHIEF NURSING OFFICER	(i) 0 (ii) 254,349	(i) 0 (ii) 48,850	(i) 0 (ii) 6,170	(i) 0 (ii) 72,493	(i) 0 (ii) 8,665	(i) 0 (ii) 390,527	(i) 0 (ii) 0
10 ED RAFALSKI, SVP - STRATEGIC PLANNING	(i) 0 (ii) 248,878	(i) 0 (ii) 58,296	(i) 0 (ii) 1,386	(i) 0 (ii) 71,981	(i) 0 (ii) 16,080	(i) 0 (ii) 396,621	(i) 0 (ii) 9,680
11 CAROL ROSS-SPANG, SVP - HUMAN RESOURCES	(i) 0 (ii) 291,241	(i) 0 (ii) 77,858	(i) 0 (ii) 90,520	(i) 0 (ii) 107,087	(i) 0 (ii) 20,611	(i) 0 (ii) 587,317	(i) 0 (ii) 86,887
12 GAIL THURMOND MD, SVP - CHIEF QUALITY OFFICER	(i) 0 (ii) 360,866	(i) 0 (ii) 98,062	(i) 0 (ii) 128,375	(i) 0 (ii) 120,535	(i) 0 (ii) 9,454	(i) 0 (ii) 717,292	(i) 0 (ii) 73,434
13 BILL BREEN, SVP - PHYSICIAN ALIGNMENT	(i) 0 (ii) 322,910	(i) 0 (ii) 44,252	(i) 0 (ii) 2,708	(i) 0 (ii) 88,792	(i) 0 (ii) 11,901	(i) 0 (ii) 470,563	(i) 0 (ii) 12,357
14 MITCH GRAVES, SVP - PRESIDENT OF HEALTH CHOICE	(i) 0 (ii) 319,230	(i) 0 (ii) 46,271	(i) 0 (ii) 90,418	(i) 0 (ii) 106,345	(i) 0 (ii) 20,628	(i) 0 (ii) 582,892	(i) 0 (ii) 75,377
15 LYNN FIELD, VP - CHIEF LEGAL OFFICER	(i) 0 (ii) 216,314	(i) 0 (ii) 32,075	(i) 0 (ii) 48,204	(i) 0 (ii) 42,357	(i) 0 (ii) 14,932	(i) 0 (ii) 353,882	(i) 0 (ii) 34,437
16 MERI ARMOUR, SVP - PRES /CEO LE BONHEUR HOSPITAL	(i) 433,247 (ii) 0	(i) 55,116 (ii) 0	(i) 199,741 (ii) 0	(i) 75,213 (ii) 0	(i) 16,902 (ii) 0	(i) 780,219 (ii) 0	(i) 140,535 (ii) 0
17 JEFF LIEBMAN, SVP - COO/CEO OF UNIVERSITY	(i) 362,212 (ii) 0	(i) 0 (ii) 0	(i) 95,258 (ii) 0	(i) 60,232 (ii) 0	(i) 8,331 (ii) 0	(i) 526,033 (ii) 0	(i) 0 (ii) 0
18 WILLIAM KENLEY, SVP - CEO OF GERMANTOWN	(i) 371,747 (ii) 0	(i) 110,498 (ii) 0	(i) 71,238 (ii) 0	(i) 113,883 (ii) 0	(i) 22,328 (ii) 0	(i) 689,694 (ii) 0	(i) 85,702 (ii) 0
19 JAY ROBINSON, SVP - CEO OF SOUTH	(i) 252,081 (ii) 0	(i) 54,595 (ii) 0	(i) 1,404 (ii) 0	(i) 69,234 (ii) 0	(i) 20,558 (ii) 0	(i) 397,872 (ii) 0	(i) 0 (ii) 0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 GYASI CHISLEY, SVP - CEO OF NORTH	(i) (ii)	315,323 0	18,876 0	12,782 0	72,148 0	18,240 0	437,369 0	0 0
1 JAMES CARTER JR, SVP - UNIVERSITY	(i) (ii)	259,254 0	49,910 0	29,416 0	51,592 0	19,285 0	409,457 0	0 0
2 ROBIN WOMEODU, CMO - UNIVERSITY	(i) (ii)	284,094 0	41,235 0	4,484 0	37,393 0	19,577 0	386,783 0	0 0
3 WILLIAM MAY, CMO - LE BONHEUR HOSPITAL	(i) (ii)	267,601 0	20,334 0	29,022 0	12,524 0	17,262 0	346,743 0	0 0
4 SHADWAN ALSAFWAH, PHYSICIAN	(i) (ii)	926,687 0	0 0	0 0	2,663 0	2,574 0	931,924 0	0 0
5 DWIGHT DISHMON, PHYSICIAN	(i) (ii)	790,686 0	0 0	0 0	5,200 0	22,553 0	818,439 0	0 0
6 JAMES EASON, PHYSICIAN	(i) (ii)	1,699,158 0	0 0	0 0	6,001 0	3,817 0	1,708,976 0	0 0
7 UZOMA IBEBUOGU, PHYSICIAN	(i) (ii)	739,306 0	0 0	0 0	5,200 0	3,817 0	748,323 0	0 0
8 RAMI KHOUZAM, PHYSICIAN	(i) (ii)	882,593 0	0 0	0 0	5,200 0	2,574 0	890,367 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

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

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number
62-0479367

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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) MARK YANCY	FAMILY RELATIONSHIP TO BOARD MEMBER LUKE YANCY	43,949	COMPENSATION FOR AN EMPLOYEE OF THE ORGANIZATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization METHODIST HEALTHCARE - MEMPHIS HOSPITALS	Employer identification number 62-0479367
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Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS METHODIST WAS RECENTLY NAMED THE BEST HOSPITAL IN MEMPHIS BY U.S. NEWS AND WORLD REPORT. FOR THE LAST SEVERAL YEARS, METHODIST HAS BEEN NAMED IN MODERN HEALTHCARE MAGAZINE, AS ONE OF THE TOP 100 INTEGRATED HEALTHCARE NETWORKS IN THE COUNTRY. THE FIVE (5) FACILITIES OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS ARE LICENSED AS ONE HOSPITAL. IT IS THE THIRD LARGEST HOSPITAL IN THE COUNTRY. METHODIST HAS FOUR MAJOR AREAS OF FOCUS: CARDIOLOGY, NEUROSCIENCES, TRANSPLANT, AND PEDIATRICS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS OPERATES THE FOLLOWING HOSPITALS: - METHODIST UNIVERSITY HOSPITAL, THE FLAGSHIP OF THE METHODIST HEALTHCARE SYSTEM, IS LOCATED IN THE HEART OF THE MEMPHIS MEDICAL CENTER. METHODIST IS FORMALLY AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER AND SERVES AS ITS PRIMARY TEACHING SITE. A TERTIARY CARE AND REFERRAL CENTER, METHODIST UNIVERSITY HOSPITAL HAS ONE OF THE LARGEST NEUROSCIENCES PROGRAMS IN THE COUNTRY. THE TRANSPLANT PROGRAM SPECIALIZES IN SOLID ORGAN TRANSPLANTS OF THE KIDNEY, LIVER AND PANCREAS. THE HOSPITAL IS HOME TO ONE OF TWO DA VINCI-S SURGICAL SYSTEMS WITHIN THE HEALTH SYSTEM. DA VINCI IS THE MOST ADVANCED MINIMALLY-INVASIVE ROBOTIC SURGICAL SYSTEM AVAILABLE. - METHODIST NORTH HOSPITAL IS A COMMUNITY HOSPITAL SERVING RESIDENTS OF THE RALEIGH-BARTLETT AREA OF NORTH MEMPHIS AND SURROUNDING AREAS. THE FACILITY OFFERS STATE-OF-THE-ART, COMPREHENSIVE CARDIAC SERVICES. THE HOSPITAL HAS EXPANDED LASER SURGERY CAPABILITIES AND SAME-DAY SURGERY SERVICES ON CAMPUS, AS WELL AS AN AFFILIATED REHABILITATION FACILITY ON CAMPUS. THE METHODIST TOTAL JOINT CENTER LOCATED ON THE METHODIST NORTH HOSPITAL CAMPUS IS THE ONLY DEDICATED JOINT CENTER IN THE REGION AND PROVIDES A UNIQUE ORTHOPAEDIC UNIT FOCUSED ON DELIVERING COMPREHENSIVE CARE TO PATIENTS UNDERGOING TOTAL KNEE OR HIP REPLACEMENTS. THE HOSPITAL IS HOME TO ONE OF TWO DA VINCI-S ROBOTIC SURGICAL SYSTEMS WITHIN THE HEALTH SYSTEM. - METHODIST SOUTH HOSPITAL SERVES THE CITIZENS OF SOUTH MEMPHIS AND SURROUNDING AREAS. THIS ACUTE CARE HOSPITAL INCLUDES A MATERNITY CENTER, A CANCER CENTER, A CRITICAL CARE UNIT, A SAME-DAY SURGERY UNIT AND A COMPLETE ARRAY OF OUTPATIENT SERVICES. THE METHODIST SOUTH HOSPITAL ALSO OFFERS STATE-OF-THE-ART CARDIAC SERVICES, INCLUDING CARDIAC CATHETERIZATION AND OPEN-HEART SURGERY. - METHODIST LE BONHEUR GERMANTOWN HOSPITAL IS A COMMUNITY HOSPITAL SERVING GERMANTOWN, COLLIERVILLE, EAST MEMPHIS AND NORTH MISSISSIPPI. THE HOSPITAL OFFERS ACUTE INPATIENT CARE AND TREATMENT, EXTENSIVE SURGICAL SERVICES, WOMEN'S HEALTH SERVICES, CARDIAC SERVICES, CHILDREN'S SERVICES AND EMERGENCY SERVICES WITH URGENT AND EMERGENCY CARE FOR ADULTS AND CHILDREN. - LE BONHEUR CHILDREN'S HOSPITAL IS THE MID-SOUTH'S FIRST AND ONLY COMPREHENSIVE PEDIATRIC MEDICAL FACILITY. FOUNDED IN 1952, LE BONHEUR TREATS 130,000 CHILDREN FROM 47 STATES AND MANY COUNTRIES. THE HOSPITAL IS HOME TO ONE OF THE NATION'S 10 BUSIEST PEDIATRIC EMERGENCY DEPARTMENTS AND HOSTS ONE OF THE LARGEST PEDIATRIC SURGICAL BRAIN TUMOR PROGRAMS. IT IS THE TEACHING SITE FOR THE UNIVERSITY OF TENNESSEE DEPARTMENT OF PEDIATRICS AND HOME TO THE CHILDREN'S FOUNDATION RESEARCH CENTER OF MEMPHIS. AT METHODIST LE BONHEUR HEALTHCARE, WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO GIVING BACK TO THE COMMUNITY IN A MEANINGFUL WAY. OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICES AREA. BECAUSE OUR FACILITIES ARE PLACED IN ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS, WE PROVIDE ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY. ** * IN 2014, METHODIST LE BONHEUR HEALTHCARE PROVIDED OVER \$180 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 SUPPORTS THE UNIVERSITY OF TENNESSEE FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL. THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST. THESE TRAINEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES. CHURCH HEALTH CENTER: AS AN EARLY SUPPORTER OF THE CHURCH HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN ITS MISSION TO SERVE THE WORKING POOR. FROM ITS BEGINNINGS AS A PROJECT OF ST. JOHN'S UNITED METHODIST CHURCH AND OF DR. SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THOSE WHO NEED THESE SERVICES IN MEMPHIS METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR. MHMH HELPS SUPPORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE. LE BONHEUR COMMUNITY HEALTH & WELL-BEING LE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY OUTREACH DIVISION WORKS TO EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS. THROUGH A VARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION.

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS THE SPIRIT OF FAITH AND HEALING PERVADES METHODIST LE BONHEUR HEALTHCARE AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE HOW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS TO THAT END, WE HAVE ENTERED INTO COVENANT RELATIONSHIPS WITH 500+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (COE) IS HOUSED IN RENOVATED SPACE AT METHODIST UNIVERSITY HOSPITAL THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR THE IMPROVED WELLBEING OF THOUSANDS OF PATIENTS THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES WE BELIEVE THAT THE COUPLING OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENTS, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A STATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUCATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBERS IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLOBE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CLERGY AND COMMUNITY HEALTH PARTNERS THE FOUNDATION RAISED OVER \$2 MILLION TO MAKE THIS PROJECT A REALITY METHODIST PLACES A STRONG VALUE ON EDUCATION THROUGH THE MEMPHIS CITY ADOPT-A-SCHOOL PROGRAM, MLH ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - PROVIDE FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS IN-KIND GOODS AND SERVICES MH-MH ASSOCIATES DONATED THOUSANDS OF HOURS TO MANY COMMUNITY GROUPS BY SERVING ON NUMEROUS BOARDS AND COMMITTEES, INCLUDING TENNESSEE HOSPITAL ASSOCIATION, AMERICAN HEART ASSOCIATION, HABITAT FOR HUMANITY, AMERICAN PHARMACISTS ASSOCIATION, MARCH OF DIMES, SUBSIDIUM, TN HEALTH INFORMATION MANAGEMENT ASSOC, CHESTER COUNTY HEALTH COUNCIL, LIFE BLOOD, TN HOSPICE ORGANIZATION ALZHEIMER'S ASSOCIATION OF WEST TENNESSEE, MID-SOUTH ASSOCIATION OF CATHOLIC NURSES, UNIVERSITY OF MEMPHIS MENTORING PROJECT, BOYS AND GIRLS CLUB OF GREATER MEMPHIS RALEIGH COMMUNITY COUNCIL, MEMPHIS DISTRICT DIETETIC ASSOCIATION, MEMPHIS GAY AND LESBIAN COMMUNITY CENTER, AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, MID-SOUTH AMERICAN CANCER SOCIETY, HEALTHY MEMPHIS COMMON TABLE, LEADERSHIP GERMANTOWN, MEMPHIS DIABETES EDUCATORS ASSOCIATION, ARKANSAS CONFERENCE, THE UNITED METHODIST CHURCH, CARROLL COUNTY HEALTH COUNCIL, AMERICAN NURSES ASSOCIATION EMERGENCY NURSES ASSOCIATION, CROCKETT COUNTY HEALTH COUNCIL, LEADERSHIP FAYETTE, UNITED METHODIST NEIGHBORHOOD CENTERS, MISSISSIPPI CONFERENCE, THE UNITED METHODIST CHURCH, MILLINGTON ROTARY, BARTLETT CHAMBER OF COMMERCE, GERMANTOWN CHAMBER OF COMMERCE, MEMPHIS THEOLOGICAL SEMINARY, TN PHYSICAL THERAPY ASSOCIATION, POLYSOMNOGRAPHY PROFESSIONAL STANDARDS COMMITTEE, HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION, VOLUNTEER MID-SOUTH, EARLY SUCCESS COALITION, CHRISTIAN BROTHERS UNIVERSITY, TENNESSEE SLEEP SOCIETY, MEMPHIS ACADEMY OF HEALTH SCIENCES, MILLINGTON CHAMBER OF COMMERCE, TN ORGANIZATION OF NURSE EXECUTIVES, MEMPHIS AMERICAN SOCIETY OF PARENTERAL NUTRITION, OAKLAND CHAMBER OF COMMERCE, FRIENDS OF MEMPHIS PUBLIC LIBRARY, DELTA CONSORTIUM, MEMPHIS AND SHELBY CO CHILDREN AND YOUTH COUNCIL MOSES COALITION, TN GENERAL ASSEMBLY'S BLACK HEALTH CARE COMMISSION FAYETTE CHAMBER OF COMMERCE, MEMPHIS CONFERENCE, THE UNITED METHODIST CHURCH, BENTON COUNTY HEALTH COUNCIL, TN HOME VISITATION COALITION, TN PHARMACISTS ASSOCIATION, KIWANIS CLUB, SPECIAL KIDS AND FAMILIES, MCNAIRY COUNTY HEALTH COUNCIL, WHITEHAVEN ECONOMIC DEVELOPMENT CORP COMMUNITY-BASED CHILD ABUSE PREVENTION STATE ADVISORY BOARD, ROTARY CLUB TIPTON COUNTY HEALTH COUNCIL, DYER COUNTY HEALTH COUNCIL, MEMPHIS REGIONAL EARLY HOME VISITATION COLLABORATION, NORTHWEST MISSISSIPPI COMMUNITY COLLEGE WEST TN REGIONAL HEALTH COUNCIL, HARDIN COUNTY COMMUNITY HEALTH CENTER, HENDERSON COUNTY HEALTH COUNCIL, LAUDERDALE COUNTY HEALTH COUNCIL, TN SOCIETY FOR RESPIRATORY CARE, FAYETTE COUNTY HEALTH COUNCIL, CHILD CARE RESOURCE AND REFERRAL ADVISORY COMMITTEE (CUMBERLAND COUNTY), SHELBY COUNTY DC'S, HARDEMAN COUNTY HEALTH COUNCIL, WEAKLEY COUNTY HEALTH COUNCIL, MATERNAL LEAGUE OF MEMPHIS, WEST TN ASSOCIATION OF SCHOOL NURSES, FUTURE LEADER'S ACADEMY HENRY COUNTY HEALTH COUNCIL, PEOPLE FIRST, TN CHILD PASSENGER SAFETY BOARD	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	MADISON COUNTY HEALTH COUNCIL, HEAD START, TN ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, AMERICAN ASSOCIATION OF GRANT PROFESSIONALS-TN CHAPTER MID-SOUTH PERINATAL BEREAVEMENT COUNCIL, MEMPHIS URBAN LEAGUE, TN COUNCIL ON CHILDREN'S MENTAL HEALTH, CHILD CARE RESOURCE AND REFERRAL ADVISORY COMMITTEE, MID-SOUTH COALITION ON HIV/AIDS, TN INTEGRATED CORE INJURY PREVENTION AND CONTROL, AMERICAN COUNCIL OF GRANT PROFESSIONALS-NATIONAL, GERMANTOWN ATHLETIC CLUB COMMISSION, AND THE GIBSON COUNTY HEALTH COUNCIL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS A SUBSIDIARY OF METHODIST LE BONHEUR HEALTHCARE (MLH, 58-1454711), WITH THE PERSONS SERVING ON THE MLH BOARD OF DIRECTORS SERVING AS THE MEMBERS OF MHMH

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS COMPRISED OF THE SAME PERSONS AS METHODIST LE BONHEUR HEALTHCARE, THE PARENT ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS SHALL, FROM TIME TO TIME, ADOPT AND PROMULGATE SUCH AMENDMENTS AS THEY SHALL DEEM APPROPRIATE TO THE BY LAWS AND TO THE GENERAL POLICIES AND GUIDELINES OF THE ORGANIZATION, ALL OF WHICH SHALL NOT BE INCONSISTENT WITH THE PURPOSES OF METHODIST LE BONHEUR HEALTHCARE. UPON REQUEST BY THE BOARD OF DIRECTORS OF THE CORPORATION AND AT SUCH TIMES AS THE MEMBERS MAY SELECT, THE MEMBERS SHALL REVIEW THE AFFAIRS OF THE CORPORATION AND TAKE SUCH ACTION AS THEY MAY DEEM APPROPRIATE IN ACCORDANCE WITH THESE BY LAWS. THE "CORPORATE LIMIT" REFERRED TO IN THE FOLLOWING ITEMS SHALL BE THE SUM OF ONE MILLION DOLLARS OR SUCH OTHER SUMS AS MAY FROM TIME TO TIME BE DESIGNATED BY ACTION OF THE MEMBERS, AND FOR THE PURPOSES OF THESE BY LAWS THE WORDS 'THE CORPORATION' SHALL MEAN METHODIST HEALTHCARE-MEMPHIS HOSPITALS. THE FOLLOWING ITEMS, AFTER BEING REVIEWED AND ACCEPTED BY THE BOARD OF DIRECTORS, SHALL BE SUBMITTED TO THE MEMBER FOR APPROVAL - IN DECEMBER OF EACH YEAR, A STRATEGIC PLAN AND A ONE YEAR OPERATING BUDGET OF THE CORPORATION'S ENSUING FISCAL YEAR, AND, THEREAFTER, ANY ACTION WHICH WILL RESULT IN A SUBSTANTIAL CHANGE IN THE EXPENDITURES OR REVENUE FORCAST IN ANY SUCH PLAN OR BUDGET, - ANY CREATION OR SUBSTANTIVE AMENDMENT OF A CONTRACT, LEASE OR OTHER AGREEMENT OF WHICH THE CORPORATION IS A PARTY WHICH INVOLVES AN OBLIGATION, OR A POTENTIAL OBLIGATION, ON THE PART OF THE CORPORATION IN EXCESS OF THE CORPORATE LIMIT, UNLESS SUCH TRANSACTION HAS BEEN PREVIOUSLY APPROVED WITHIN THE CAPITAL OR OPERATING BUDGETS, - ANY SALE, EXCHANGE, GIFT, MORTGAGE, OPTION, LEASE WITH A TERM IN EXCESS OF ONE YEAR (EXCEPT TO DOCTORS FOR OFFICE SPACE), OR OTHER DISPOSITION OF ANY REAL PROPERTY OR INTEREST THEREIN OWNED BY THE CORPORATION, OR ANY OTHER ASSET OWNED BY THE CORPORATION WITH A VALUE IN EXCESS OF THE CORPORATE LIMIT, EXCEPT WITH RESPECT TO TRANSACTIONS SPECIFIED AND PREVIOUSLY APPROVED WITHIN THE CAPITAL OR OPERATING BUDGET, - ANY RELEASE OR CANCELLATION BY THE CORPORATION OF A CLAIM OR RIGHT OF ACTION AGAINST ANOTHER PARTY IN AN AMOUNT IN EXCESS OF THE CORPORATE LIMIT, - ANY APPLICATION FOR A GOVERNMENT GRANT, - ANY AMENDMENT OR RESTATEMENT OF THE CORPORATE CHARTER OR ANY PLAN OF MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, - ANY ACTION OR INACTION AT VARIANCE WITH THE STATED POLICIES OF THE CORPORATION WHICH POLICIES HAVE BEEN APPROVED BY THE MEMBERS, - THE SELECTION OF ANY BANKING INSTITUTION AS A DESPOSITORY OF CORPORATE FUNDS, AND - ANY OTHER MATTERS AS MAY BE REQUIRED BY LAW TO BE SUBMITTED TO THE MEMBERS OF A NOT-FOR-PROFIT CORPORATION

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 MADE AVAILABLE TO ALL BOARD MEMBERS 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, THE PARENT ORGANIZATION, EMPLOYS A COMPLIANCE OFFICER WHO MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL VOTING BOARD MEMBERS AND APPLICABLE OFFICERS

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

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 CORPORATE PARENT, METHODIST LE BONHEUR HEALTHCARE, AND RELATED SUBSIDIARIES. INFORMATION ON FINANCIAL STATEMENTS IS AVAILABLE BY CONTACTING THE ORGANIZATION'S CORPORATE OFFICE. PLEASE SEE FORM 990, PART VI, LINE 20 FOR DETAILS. CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS FOR ALL AFFILIATES OF METHODIST LE BONHEUR HEALTHCARE ARE ALSO AVAILABLE BY REQUEST.

Return Reference	Explanation
FORM 990, PART VII, LINE 1	BOARD MEMBER COMPENSATION JEAN CLAUDE LOISEAU, MD IS COMPENSATED BY THE ORGANIZATION FOR SERVICES RENDERED TO THE HOSPITAL SYSTEM ALL PAYMENTS TO THIS INDIVIDUAL ON PART VII OF THE FORM 990 ARE FOR MEDICAL SERVICES RENDERED TO THE HOSPITAL SYSTEM

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO AFFILIATES -125,108,913

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number
62-0479367

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
See Additional Data Table					

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						

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) NORTH SURGERY CENTER LP 3960 NEW COVINGTON PIKE MEMPHIS, TN 38128 62-1685756	SURGERY CENTER	TN	N/A	RELATED	745,296	1,697,653		No		Yes		58 670 %
(2) METHODIST SURGERY CENTER- GERMANTOWN LP 1363 S GERMANTOWN ROAD GERMANTOWN, TN 38138 62-1659904	SURGERY CENTER	TN	N/A	RELATED	1,762,739	2,451,479		No		Yes		55 000 %
(3) HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE 3RD FLOOR MEMPHIS, TN 38103 20-2873438	SURGERY CENTER	TN	N/A	RELATED	62,075	592,947		No		Yes		35 400 %

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	N/A	C					No
(2) SOLUS MANAGEMENT SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	N/A	C					No
(3) MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1847544	INVESTMENTS	TN	N/A	C					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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) METHODIST SURGERY CENTER - GERMANTOWN LP	S	1,545,120	CASH
(2) NORTH SURGERY CENTER LP	S	451,991	CASH

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 62-0479367

Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
LE BONHEUR PATIENT TRANSPORTATION LLC 1265 UNION AVENUE MEMPHIS, TN 38104 20-3200654	MEDICAL TRANSPORT	TN	0	0	N/A
METHODIST INPATIENT PHYSICIANS LLC 1265 UNION AVENUE MEMPHIS, TN 38104 47-0892411	PHYSICIANS	TN	0	0	N/A
SPECIALTY PHYSICIAN GROUP LLC 1211 UNION AVENUE MEMPHIS, TN 38104 27-2097600	PHYSICIANS	TN	22,558,212	3,906,663	N/A
PRIMARY CARE GROUP LLC 1265 UNION AVENUE MEMPHIS, TN 38104 27-3186375	PHYSICIANS	TN	49,965,181	11,146,694	N/A
FOUNDATION PRIMARY CARE LLC 1265 UNION AVENUE MEMPHIS, TN 38104 27-4200498	HEALTHCARE	TN	0	0	PRIMARY CARE GROUP LLC
UT METHODIST PHYSICIANS LLC 1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 45-4853491	PHYSICIANS	TN	22,692,574	7,749,922	N/A
LE BONHEUR PEDIATRICS LLC 50 N DUNLAP STREET MEMPHIS, TN 38103 46-1556529	PEDIATRICS	TN	9,826,184	2,808,346	N/A
SPG II LLC 7655 POPLAR AVENUE GERMANTOWN, TN 38138 32-0365415	PHYSICIANS	TN	0	0	N/A
DIVISION OF CLINICAL NEUROSCIENCES LLC 51 N DUNLAP STREET MEMPHIS, TN 38105 45-4117901	PHYSICIANS	TN	0	0	N/A
PCG II LLC 1533 UNION AVENUE MEMPHIS, TN 38104 37-1668387	PHYSICIANS	TN	0	0	N/A

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? YesNo	
(1) METHODIST LE BONHEUR HEALTHCARE 1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 58-1454711	SUPPORTING ORGANIZATION	TN	501(C)(3)	LINE 11B, II	N/A		No
(1) METHODIST HEALTHCARE - FAYETTE HOSPITAL 214 LAKEVIEW DRIVE SOMERVILLE, TN 38068 62-0862334	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
(2) METHODIST EXTENDED CARE HOSPITAL INC 225 SOUTH CLAYBROOK MEMPHIS, TN 38104 62-1518342	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
(3) METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 58-2078931	HEALTHCARE	TN	501(C)(3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE		No
(4) 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		No
(5) 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		No
(6) 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		No
(7) 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		No
(8) 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		No
(9) 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		No
(10) 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		No
(11) METHODIST HEALTHCARE CENTRAL MS MEDICAL ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0884720	INACTIVE	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
(12) 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		No
(13) METHODIST HEALTHCARE-MIDDLE MISSISSIPPI HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0698911	INACTIVE HOSPITAL	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
(14) MEMPHIS MEDICAL CENTER AIR AMBULANCE SERVICES INC 1080 EASTMORELAND AVE MEMPHIS, TN 38104 62-1280261	AMBULATORY SERVICES	TN	501(C)(3)	LINE 11B, II	N/A		No
(15) METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL 1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 64-0889822	HOSPITAL	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No