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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

2015

Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015**

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
METHODIST LE BONHEUR HEALTHCARE  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1211 UNION AVENUE NO 700  
  
City or town, state or province, country, and ZIP or foreign postal code  
MEMPHIS, TN 38104  
  
**F** Name and address of principal officer  
GARY SHORB  
1211 UNION AVENUE NO 700  
MEMPHIS, TN 38104

**D** Employer identification number  
  
58-1454711  
  
**E** Telephone number  
  
(901) 516-0543  
  
**G** Gross receipts \$ 155,204,811

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.METHODISTHEALTH.ORG

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1982 **M** State of legal domicile TN

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities MANAGEMENT AND SUPERVISION OF AFFILIATED HOSPITALS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19	
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	1,353		
6	Total number of volunteers (estimate if necessary)	24		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	718,625		
7b	Net unrelated business taxable income from Form 990-T, line 34	32,211		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	178,967	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	127,722,189	136,236,023
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,570,358	11,660,119
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,245,276	7,204,641
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	150,716,790	155,100,783
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,108,327	3,543,444
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	95,146,171	108,338,527
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,941,106	49,279,648
	19	Revenue less expenses Subtract line 18 from line 12	141,195,604	161,161,619
			9,521,186	-6,060,836
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,035,372,431	1,069,980,323
	22	Net assets or fund balances Subtract line 21 from line 20	833,482,438	814,326,307
			201,889,993	255,654,016

**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  
  
CHRISTOPHER MCLEAN EXEC VP / CFO  
Type or print name and title

2016-11-10  
Date

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

2

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

☐ Yes

☒ No

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

3

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

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 35,537,317 including grants of \$ 3,543,444 ) (Revenue \$ 136,236,023 )

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

4b

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

IN ADDITION, PLEASE VISIT OUR WEBSITE FOR A POSTING OF THE MOST CURRENT COMMUNITY BENEFIT REPORT AT WWW.METHODISTHEALTH.ORG/ARTICLES/COMMUNITY-INVOLVEMENT

4c

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

4d


















Other program services (Describe in Schedule O )

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

4e

Total program service expenses ▶ 35,537,317

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	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>			
	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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
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> . . . . .	35a	Yes	
		35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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.	1a	271	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,353	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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.	3b	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)?	4a		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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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	1a	22	
	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	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 1211 UNION AVE SUITE 600 MEMPHIS, TN 38104 (901) 516-0656	

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

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

Form **990** (2015)



<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	14,322,893	746,910	2,552,780

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**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.

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 32</p>	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . .	1b					
	c	Fundraising events . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue	2a	AFFILIATE MANAGEMENT	Business Code 900099	136,332,409	136,332,409			
	b	INVESTMENT IN SUBSIDIARIES	900099	-96,386	-96,386			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		136,236,023				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		11,238,397			11,238,397
4		Income from investment of tax-exempt bond proceeds . . .		525,750			525,750	
5		Royalties . . . . .						
6a		(i) Real		(ii) Personal				
		333,087						
		0						
		333,087						
d		Net rental income or (loss) . . . . .		333,087			333,087	
7a		(i) Securities		(ii) Other				
				104,028				
				-104,028				
d		Net gain or (loss) . . . . .		-104,028			-104,028	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
b		Less direct expenses . . . .		b				
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . . .		a				
b		Less direct expenses . . . .		b				
c		Net income or (loss) from gaming activities . . . .						
10a		Gross sales of inventory, less returns and allowances . . . . .		a				
b	Less cost of goods sold . . . .		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE		900099	6,706,737		718,625	5,988,112	
b	HEALTHSOUTH SERVICES		900099	164,817			164,817	
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			6,871,554				
12	Total revenue. See Instructions . . . . .			155,100,783	136,236,023	718,625	18,146,135	

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.	3,543,444	3,543,444		
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.	15,011,347		15,011,347	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	71,807,301	14,293,269	57,514,032	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,239,998		7,239,998	
9	Other employee benefits.	9,102,829	1,410,320	7,692,509	
10	Payroll taxes.	5,177,052	1,035,515	4,141,537	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,277,644		1,277,644	
c	Accounting.	65,140		65,140	
d	Lobbying.	527,164		527,164	
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).	17,116,124	1,698,216	15,417,908	
12	Advertising and promotion.	2,708,928	686,745	2,022,183	
13	Office expenses.	12,653,055	10,676,004	1,977,051	
14	Information technology.	15,629,880	966,370	14,663,510	
15	Royalties.				
16	Occupancy.	4,659,127	514,868	4,144,259	
17	Travel.	598,638	103,893	494,745	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	888,904	34,979	853,925	
20	Interest.	-913,774		-913,774	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	11,931,790	235,572	11,696,218	
23	Insurance.	769,747	19,455	750,292	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	RECRUITMENT	1,202,691		1,202,691	
b	MISCELLANEOUS EXPENSES	315,164	10,955	304,209	
c	MEDICAL SUPPLIES	307,712	307,712		
d	INTERCOMPANY EXP. TRANS.	-20,458,286		-20,458,286	
e	All other expenses.				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	161,161,619	35,537,317	125,624,302	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X**

**Balance Sheet**

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

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		38,079,875	<b>4</b>	37,307,934
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		225,000	<b>7</b>	225,000
	<b>8</b>	Inventories for sale or use . . . . .		71,869	<b>8</b>	62,932
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		5,815,379	<b>9</b>	6,098,781
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	176,455,982		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	132,032,908	44,467,779	<b>10c</b> 44,423,074
	<b>11</b>	Investments—publicly traded securities . . . . .		691,953,941	<b>11</b>	760,594,171
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		221,683,029	<b>12</b>	191,063,789
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		17,987,085	<b>13</b>	16,021,483
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		15,088,474	<b>15</b>	14,183,159
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,035,372,431	<b>16</b>	1,069,980,323	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		78,084,144	<b>17</b>	80,390,846
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		565,272,511	<b>20</b>	550,612,557
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		190,125,783	<b>25</b>	183,322,904
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		833,482,438	<b>26</b>	814,326,307
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		201,889,993	<b>27</b>	255,654,016
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		201,889,993	<b>33</b>	255,654,016
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,035,372,431	<b>34</b>	1,069,980,323

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	155,100,783
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,161,619
3	Revenue less expenses Subtract line 2 from line 1	3	-6,060,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,889,993
5	Net unrealized gains (losses) on investments	5	-41,885,020
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	101,709,879
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	255,654,016

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 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		No
Separate basis Consolidated basis Both consolidated and separate basis			
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	Yes	
Separate basis Consolidated basis Both consolidated and separate basis			
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
ALAN GRAF JR ..... BOARD CHAIRMAN	9 00 ..... 0 00	X		X				0	0	0
MARK MEDFORD ..... BOARD VICE CHAIRMAN	9 00 ..... 0 00	X		X				0	0	0
DAVID BECKLEY ..... BOARD SECRETARY	4 00 ..... 0 00	X		X				0	0	0
HOLLIS HALFORD MD ..... BOARD MEMBER (BEGINNING JULY)	6 00 ..... 0 00	X						0	0	0
HEATHER SWANSON MD ..... BOARD MEMBER (BEGINNING JULY)	8 00 ..... 32 00	X						0	324,081	27,226
LARRY BRYAN ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
JACKSON MOORE ..... BOARD MEMBER	5 00 ..... 0 00	X						0	0	0
DENISE WOOD ..... BOARD MEMBER (BEGINNING JULY)	7 00 ..... 0 00	X						0	0	0
CAROLYN HARDY ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
LISA KLESGES ..... BOARD MEMBER	5 00 ..... 0 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			
BILLY ORGEL ..... BOARD MEMBER	4 00 ..... 0 00	X						0	0	0
STEVE SCHWAB MD ..... BOARD MEMBER	4 00 ..... 0 00	X						0	0	0
GEORGE CATES ..... BOARD MEMBER	5 00 ..... 0 00	X						0	0	0
DAVID STERN MD ..... BOARD MEMBER	4 00 ..... 0 00	X						0	0	0
TREY EUBANKS MD ..... BOARD MEMBER	8 00 ..... 0 00	X						0	0	0
CARTER TOWNE MD ..... BOARD MEMBER	4 00 ..... 0 00	X						0	0	0
BISHOP JAMES E SWANSON SR ..... BOARD MEMBER	4 00 ..... 0 00	X						0	0	0
BISHOP GARY MUELLER ..... BOARD MEMBER	4 00 ..... 0 00	X						0	0	0
BISHOP BILL MCALILLY ..... BOARD MEMBER	3 00 ..... 0 00	X						0	0	0
LUKE YANCY ..... BOARD MEMBER	3 00 ..... 0 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			
HARRY GOLDSMITH ..... BOARD MEMBER (BEGINNING JULY)	3 00 ..... 0 00	X						0	0	0
JEAN-CLAUDE LOISEAU MD ..... BOARD MEMBER (THROUGH JULY)	3 00 ..... 37 00	X						0	422,829	19,036
RON BELZ ..... BOARD MEMBER (THROUGH JULY)	3 00 ..... 0 00	X						0	0	0
MARY JO KILPATRICK ..... BOARD MEMBER (THROUGH JULY)	3 00 ..... 0 00	X						0	0	0
RANDY SPICER ..... BOARD MEMBER (THROUGH JULY)	3 00 ..... 0 00	X						0	0	0
JOSE VELAZQUEZ ..... BOARD MEMBER (THROUGH JULY)	3 00 ..... 0 00	X						0	0	0
DAVID LEGGETT MD ..... BOARD MEMBER (THROUGH JULY)	3 00 ..... 0 00	X						0	0	0
GARY SHORB ..... CEO	44 00 ..... 6 00	X		X				4,761,575	0	575,507
MICHAEL UGWUEKE ..... COO	48 00 ..... 2 00			X				1,109,806	0	172,085
CHRIS MCLEAN ..... CFO/TREASURER	36 00 ..... 14 00			X				993,294	0	207,011



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			
NIKKI POLIS ..... SVP - CHIEF NURSING OFFICER	44 00 ..... 6 00			X				402,509	0	86,057
DONNA ABNEY ..... EXECUTIVE VICE PRESIDENT	48 00 ..... 2 00				X			748,305	0	258,484
DAVID BAYTOS ..... SVP - MS	10 00 ..... 40 00				X			495,375	0	151,551
HARRY DURBIN ..... SVP - F&H	48 00 ..... 2 00				X			240,707	0	69,041
CATO JOHNSON ..... SVP - PUBLIC POLICY	48 00 ..... 2 00				X			453,297	0	102,172
ALEXANDER MACGREGOR MD ..... SVP - CMJO PARTIAL YEAR	48 00 ..... 2 00				X			209,833	0	25,524
ED RAFALSKI ..... SVP - STRATEGIC PLANNING PARTIAL YEAR	48 00 ..... 2 00				X			292,713	0	68,593
CAROL ROSS-SPANG ..... SVP - HUMAN RESOURCES	48 00 ..... 2 00				X			485,288	0	127,782
SUSAN THURMOND ..... SVP - CHIEF QUALITY OFFICER	48 00 ..... 2 00				X			1,113,530	0	129,788
WILLIAM BREEN JR ..... SVP - PHYSICIAN ALIGNMENT	48 00 ..... 2 00				X			465,375	0	104,343

**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			
MITCH GRAVES ..... SVP - PRESIDENT/CEO OF HEALTH CHOICE	44 00 ..... 6 00				X			531,945	0	91,002
LYNN FIELD ..... VP - CHIEF LEGAL OFFICER	42 00 ..... 8 00				X			304,402	0	55,146
MICHAEL NESBIT ..... VP - CORP/FINANCE/REIMBURSE	50 00 .....					X		401,830	0	73,695
CYNTHIA DAVIS ..... VP - CIO/AMBULATORY SERVICE	50 00 .....					X		314,832	0	40,588
LARRY FOGARTY ..... VP - MATERIALS MANAGEMENT	20 00 ..... 30 00					X		369,945	0	69,257
DAVID ROSENBAUM ..... VP - CORP FACILITIES MANAGE	50 00 .....					X		324,277	0	57,492
EUGENIO FERNANDEZ ..... VP - CHIEF TECHNOLOGY OFFICER	50 00 .....					X		304,055	0	41,400

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
METHODIST LE BONHEUR HEALTHCARE

Employer identification number  
58-1454711

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 . . . . .

6

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 (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		
See Additional Data Table						
Total6					37,097,197	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.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						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.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						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.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						<input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
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	No
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 <b>Part VI</b> 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 <b>Part VI</b> 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	No
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	No
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	6	No
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	No
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	No
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 <b>Part VI</b> .	9a	No
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 <b>Part VI</b> .	9b	No
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 <b>Part VI</b> .	9c	No
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	No
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	No
b A family member of a person described in (a) above?	11b	No
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	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in <b>Part VI</b> 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.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>	Yes	

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>If "Yes," then in <b>Part VI</b> 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.</i></div>		
<div>b</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

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



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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
PART I, LINE 11(G)	THE ORGANIZATION PROVIDES SUPPORT FOR ITS SUPPORTED ORGANIZATIONS BY PROVIDING EXPENSE REIMBURSEMENTS AND MANAGMENT OVERSIGHT THE AMOUNTS PRESENTED ON PART I, LINE 11(H) AS SUPPORT ARE THE VALUES OF EXPENSE REIMBURSEMENTS PROVIDED TO THE VARIOUS ORGANIZATIONS FOR THE TAX YEAR, WITH THE EXCEPTIONS BELOW WHICH INCLUDE DIRECT TRANSFERS TO EQUITY - METHODIST HEALTHCARE-FAYETTE HOSPITAL EXPENSE REIMBURSEMENT 935,909 - METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL EXPENSE REIMBURSEMENT 5,905,461 - ALLIANCE HEALTH SERVICES, INC EXPENSE REIMBURSEMENT 3,738,062 - METHODIST EXTENDED CARE HOSPITAL, INC EXPENSE REIMBURSEMENT 1,645,749
PART IV, SECTION C, LINE 1	METHODIST LE BONHEUR HEALTHCARE (MLH) IS THE SOLE MEMBER AND CONTROLLING ORGANIZATION OF EACH OF THE SUPPORTED ORGANIZATIONS METHODIST LE BONHEUR HEALTH CARE AND METHODIST HEALTHCARE - MEMPHIS HOSPITAL, THE MAIN HEALTHCARE PROVIDERS OF THE HEALTH SYSTEM, SHARE A GOVERNING BODY THE BOARD MEMBERS OF MLH ELECT THE GOVERNING BODY FOR MLH AND THE GOVERNING BODIES OF EACH SUPPORTED ORGANIZATION IN ADDITION, THE CEO AND CFO OF MLH ALSO MANAGE THE ORGANIZATIONS SUPPORTED BY MLH

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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		
(A) METHODIST HEALTHCARE- MEMPHIS HOSPITALS	620479367		Yes		22,976,895	0
(A) METHODIST HEALTHCARE-FAYETTE HOSPITAL	620862334		Yes		982,014	0
METHODIST HEALTHCARE COMMUNITY CARE (B) ASSOCIATES	621403517		Yes		346,735	0
ALLIANCE HEALTH (C) SERVICES INC	620841121		Yes		4,077,910	0
(D) METHODIST EXTENDED CARE HOSPITAL INC	621518342		Yes		1,753,514	0
(E) METHODIST HEALTHCARE - OLIVE BRANCH HOSPITAL	640889822		Yes		6,960,129	0

**SCHEDULE C**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		527,164
j	Total. Add lines 1c through 1i.			527,164
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A**

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

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

**Part III-B**

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

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

**Part IV**

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION MADE PAYMENTS TO VARIOUS LOBBYING ORGANIZATIONS THROUGHOUT THE YEAR TO ENGAGE IN LOBBYING ACTIVITIES ON ITS BEHALF. TOTAL AMOUNTS PAID FOR LOBBYING EQUALLED \$527,164. SPECIFIC AMOUNTS USED TO ENGAGE IN EACH OF THE ACTIVITIES IN LINE 1C-I IS UNKNOWN, AS THEY WERE PERFORMED BY THIRD PARTIES.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
METHODIST LE BONHEUR HEALTHCARE

Employer identification number  
58-1454711

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

cBeginning balance

dAdditions during the year

eDistributions during the year

fEnding 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

aBoard designated or quasi-endowment

bPermanent endowment

cTemporarily restricted endowment

The percentages on 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

3a(i)

3a(ii)

3b

Yes

No

b

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land		7,609,999		7,609,999
b Buildings		7,199,878	3,936,543	3,263,335
c Leasehold improvements		4,138,747	3,453,576	685,171
d Equipment		154,717,285	124,642,789	30,074,496
e Other		2,790,073		2,790,073
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				44,423,074



Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUND OF FUNDS-LONG/SHORT EQUITY	36,047,890	F
(B) PRIVATE REAL ESTATE COMINGLED FUNDS	54,498,037	F
(C) COMINGLED EQUITY SECURITIES	100,517,862	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	191,063,789	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PENSION EXPENSE	112,841,213
SWAP MARKET VALUE	69,509,136
OTHER LIABILITIES	900,605
INVESTMENT IN HEALTHCHOICE	71,950
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	183,322,904

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	214,925,642
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-41,885,020
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	101,709,879
e	Add lines 2a through 2d . . . . .	2e	59,824,859
3	Subtract line 2e from line 1 . . . . .	3	155,100,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	155,100,783

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	161,161,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	161,161,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .	5	161,161,619

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION CONSOLIDATES ITS AUDIT WITH ITS SUBSIDIARIES. THE FOLLOWING STATEMENT REFLECTS THE FIN 48 FOOTNOTE OF THE CONSOLIDATED GROUP: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE SYSTEM AND ALL OF THE NONPROFIT AFFILIATES FOR WHICH THE SYSTEM OR ITS BOARD OF DIRECTORS IS CONTROLLING MEMBER ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) AS QUALIFIED TAX-EXEMPT ORGANIZATIONS. THE SYSTEM'S NONPROFIT AFFILIATES MUST OPERATE IN CONFORMITY WITH THE IRC TO MAINTAIN THEIR TAX-EXEMPT STATUS INCOME TAX FROM THE OPERATIONS OF THE SYSTEM'S WHOLLY OWNED FOR-PROFIT SUBSIDIARY, AMBULATORY OPERATIONS, INC., AND ITS SUBSIDIARIES IS NOT SIGNIFICANT. THE SYSTEM APPLIES FASB ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE HAS BEEN NO IMPACT ON THE SYSTEM'S COMBINED FINANCIAL STATEMENTS AS A RESULT OF TOPIC 740.

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

# 2015

58-1454711

## Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN RED CROSS 1399 MADISON AVENUE MEMPHIS,TN 38104	53-0196605	501(C)(3)	8,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES,TN 503402900	13-5613797	501(C)(3)	8,000				GENERAL EVENT SUPPORT AND SPONSORSHIP
BLUFF CITY MEDICAL SOCIETY PO BOX 17924 MEMPHIS,TN 381870924	58-1618327	501(C)(6)	5,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUTOZONE LIBERTY BOWL 959 RIDGEWAY LOOP ROAD SUITE 101 MEMPHIS, TN 38120	62-6064769	501(C)(4)	6,000				2015 AUTOZONE LIBERTY BOWL
BOYS & GIRLS CLUB OF GREATER MEMPHIS 44 S REMBERT ST MEMPHIS, TN 381044004	62-0646371	501(C)(3)	15,000				GOLF TOURNAMENT SUPPORT DONATION
CHICKASAW COUNCIL 171 S HOLLYWOOD MEMPHIS, TN 381124899	62-0499713	501(C)(3)	5,000				2015 DISTINGUISHED CITIZEN AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHURCH HEALTH CENTER OF MEMPHIS 1210 PEABODY AVE MEMPHIS, TN 381044506	58-1716113	501(C)(3)	6,000				PROGRAM SUPPORT
CHRISTIAN COMMUNITY HEALTH SERVICES 2595 CENTRAL AVE MEMPHIS, TN 381045905	62-1583270	501(C)(3)	505,000				FAMILY MATTER VISION, MISSION
CHRISTIAN MEDICAL AND DENTAL ASSOCIATION 2023 W HOUSTON WAY GERMANTOWN, TN 381396933	36-2284267	501(C)(3)	10,000				SUPPORT CMDA FALL BANQUET & GOLF CLASSIC



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL OF STATE GOVERNMENTS 2760 RESEARCH PARK DR LEXINGTON, KY 40511	36-6000818	501(C)(3)	5,000				PROGRAM SUPPORT
FAMILY SAFETY CENTER 1750 MADISON AVENUE SUITE 600 MEMPHIS, TN 381046492	27-3168812	501(C)(3)	10,000				PROGRAM SUPPORT
GEIGER BROS PO BOX 7124 CINCINNATI, OH 38104	01-0233894	501(C)(3)	19,439				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EXCHANGE CLUB CARL PERKINS PO BOX 447 JACKSON, TN 38302	62-1123112	501(C)(3)	5,200				EXCHANGE CLUB PLATINUM TABLE SPONSORSHIP
INSTITUTE FOR FAMILY CENTERED CARE 1245 MADISON AVENUE BETHESDA, MD 40511	52-1777133	501(C)(3)	25,000				PROGRAM SUPPORT
GERMANTOWN PERFORMING ARTS CENTER 1801 EXETER RD GERMANTOWN, TN 381382934	58-1652763	501(C)(3)	17,000				GPAC SEASON SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER MEMPHIS CHAMBER OF COMMERCE 22 N FRONT ST STE 200 MEMPHIS, TN 381032100	62-0291250	501(C)(6)	111,800				CHAIRMANS' LUNCHEON AND ANNUAL MEMBERSHIP RENEWAL
HEALTHY MEMPHIS COMMON TABLE 3175 LENOX PARK BLVD STE 309 MEMPHIS, TN 381154291	62-1820264	501(C)(3)	10,000				HEALTH SHELBY INITIATIVES AND HMCT WELLNESS WARRIOR IMPACT SPONSOR
MEMPHIS 2015 HOST COMMITTEE 60 S PARKWAY EAST MEMPHIS, TN 38103	58-1443033	501(C)(3)	10,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMPHIS CHILD ADVOCACY CENTER 1085 POPLAR AVE MEMPHIS, TN 381054724	58-1745787	501(C)(3)	6,000				PROGRAM SUPPORT
MEMPHIS MIDSOUTH AFFILIATE OF SUSAN 6645 POPLAR AVE STE 211 GERMANTOWN, TN 38138	75-2942859	501(C)(3)	20,000				PROGRAM SUPPORT
LEADERSHIP MEMPHIS 119 S MAIN ST STE 425 MEMPHIS, TN 381033673	62-1043517	501(C)(3)	7,990				SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARCH OF DIMES 5384 POPLAR AVENUE SUITE 107 MEMPHIS, TN 38119	13-1846366	501(C)(3)	15,000				MARCH OF DIMES FOR BABIES EVENT
OVERTON PARK CONSERVANCY PO BOX 41936 MEMPHIS, TN 381741936	45-2031097	501(C)(3)	7,500				PROGRAM SUPPORT
MEMPHIS BIOWORKS FOUNDATION 20 S DUDLEY AVENUE SUITE 900 MEMPHIS, TN 38103	62-1858660	501(C)(3)	330,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMPHIS BRANCH NAACP 588 VANCE AVENUE MEMPHIS, TN 38126	62-0637884	N/A	15,000				PLATINUM TABLE SPONSORSHIP AND 2015 FREEDOM FUND GALA
MEMPHIS BUSINESS GROUP ON HEALTH 5050 POPLAR AVE STE 509 MEMPHIS, TN 381570509	62-1241760	501(C)(3)	12,650				2015 ANNUAL MBGH CONFERENCE
MEMPHIS BUSINESS JOURNAL 651 OAKLEAF OFFICE LANE MEMPHIS, TN 38117	62-1337680	N/A	97,503				8*-SUPER WOMEN IN BUSINESS, TABLE SPONSORSHIP, TOP 40 UNDER 40 EVENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT TRANSFORMATION TENNESSEE 522 RUSSELL ST NASHVILLE, TN 372064114	45-3265261	501(C)(3)	15,000				PROGRAM SUPPORT
MEMPHIS MUSEUMS INC 3050 CENTRAL AVENUE MEMPHIS, TN 38111	62-0801926	501(C)(3)	5,000				JERUSALEM 3D SCREEN PRESENTATION SPONSORSHIP AND CORPORATE PARTNERSHIP
MEMPHIS SHELBY CRIME COMMISSION 600 JEFFERSON AVE STE 400 MEMPHIS, TN 38105	62-1693848	501(C)(3)	5,000				OPERATION SAFE COMMUNITY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMPHIS THEOLOGICAL SEMINARY 168 E PARKWAY S MEMPHIS, TN 381044340	62-6012228	501(C)(3)	53,000				DREAM MAKER SPONSORSHIP
MEMPHIS TOMORROW 22 N FRONT ST STE 670 MEMPHIS, TN 381032168	62-1867308	501(C)(3)	50,000				MIEG PERFORMANCE MANAGEMENT
MID-SOUTH MINORITY BUSINESS COUNCIL 158 MADISON AVE STE 300 MEMPHIS, TN 381032682	62-1198163	501(C)(3)	78,000				2015 ECONOMIC DEVELOPMENT FORUM, MEMPHIS BUSINESS ACADEMY AND ROBERT CHURCH AWARD LUNCHEON SPONSORSHIP



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RENAISSANCE FUND 1471 GENESIS CIR MEMPHIS, TN 38103	62-1751430	501(C)(3)	5,000				PROGRAM SUPPORT
NATIONAL CIVIL RIGHTS MUSEUM 450 MULBERRY MEMPHIS, TN 38103	58-1484027	501(C)(3)	15,000				DIAMOND LEVEL SPONORSHIP
NEW MEMPHIS INSTITUTE 22 NORTH FRONT STREET SUITE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	15,000				ORGANIZATIONAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHWEST MISSISSIPPI COMMUNITY 315 LOSHER ST SUITE 100 HERNANDO, MS 38632	94-3421724	501(C)(3)	5,000				4TH INSTALLMENT FOR DIVISION OF NURSING BUILDING
RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS, TN 38112	62-0476301	501(C)(3)	60,000				URBAN AND COMMUNITY HEALTH PROGRAM
SCHOOLSEED FOUNDATION PO BOX 111169 MEMPHIS, TN 381111169	26-4477567	501(C)(3)	25,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELBY FARMS PARK CONSERVANCY 500 N PINE LAKE DR MEMPHIS, TN 381347970	26-0350397	501(C)(3)	5,000				PROGRAM SUPPORT
SOUTHERN COLLEGE OF OPTOMETRY 1245 MADISON AVENUE MEMPHIS, TN 38104	62-0548917	501(C)(3)	20,000				4 OF 5 INSTALLMENTS FOR CAPITAL CAMPAIGN
SOULSVILLE FOUNDATION 926 E MCLEMORE AVE MEMPHIS, TN 38104	62-1719414	501(C)(3)	5,000				PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED METHODIST NEIGHBORHOOD 200 W 38TH ST CHATTANOOGA, TN 374101317	62-6066210	501(C)(3)	5,000				PROGRAM SUPPORT
TENNESSEE JUSTICE CENTER INC 301 CHARLOTTE AVENUE NASVHILLE, TN 37201	62-1630417	501(C)(3)	50,000				DEVELOPMENT OF ASK JANE
TENNESSEE MEDICAL FOUNDATION PO BOX 120909 NASHVILLE, TN 372120909	62-0541813	501(C)(3)	5,000				ORGANIZATIONAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MEMPHIS FOUNDATION ONE N FRONT ST MEMPHIS, TN 381032189	62-6048540	501(C)(3)	802,500				ORGANIZATIONAL SUPPORT
UNIVERSITY OF MEMPHIS 635 NORMAL STREET MEMPHIS, TN 38104	62-0648618	GOVERNMENTAL	1,000,000				ORGANIZATIONAL SUPPORT
VICTORIAN VILLAGE INC 671 JEFFERSON AVE MEMPHIS, TN 381054911	32-0179390	501(C)(3)	20,000				PROGRAM SUPPORT

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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
METHODIST LE BONHEUR HEALTHCARE

Employer identification number  
58-1454711

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	1b Yes	
<b>2</b> 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?	2 Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
<b>c</b> 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.	4c	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	5a	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	6a	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
<b>8</b> Were any amounts reported on 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.	8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	A HOUSING ALLOWANCE IS PROVIDED TO ONE CLERGYMAN FOR MINISTERIAL SERVICES PROVIDED TO PATIENTS AND THEIR FAMILIES. THIS AMOUNT IS INCLUDED IN BOX 14 OF THE EMPLOYEE'S W-2.
PART I, LINE 4B	THE PURPOSE OF THE METHODIST LE BONHEUR HEALTHCARE CONSOLIDATED EXECUTIVE DEFERRED COMPENSATION PLAN IS TO PROVIDE RETIREMENT BENEFITS FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES IN ADDITION TO THE BENEFITS PROVIDED THROUGH THE OTHER RETIREMENT PLANS THAT ARE SPONSORED BY THE COMPANY. IT IS INTENDED THAT THIS PLAN COMPLY WITH INTERNAL REVENUE CODE SECTION 457(F) AND QUALIFY FOR THE SHORT TERM DEFERRAL EXCEPTION TO CODE SECTION 409A. UNDER THE PLAN, CORPORATE EXECUTIVES AT OR ABOVE THE VICE PRESIDENT LEVEL ARE ELIGIBLE TO RECEIVE EXECUTIVE DEFERRED COMPENSATION CREDITS DEPENDING ON THEIR POSITION CLASSIFICATION [6%,8%,10%,12% OF BASE SALARY]. EACH PLAN YEAR, THE EXECUTIVE MUST ELECT A DEFERRED VESTING DATE TO BE APPLIED TO THE DEFERRED COMPENSATION CREDIT THAT WILL BE EARNED IN THAT PLAN YEAR. THE DEFERRED VESTING DATE IS SUBJECT TO A VESTING SCHEDULE THAT REQUIRES A MINIMUM DEFERRAL OF 5 YEARS TO BECOME VESTED. UPON REACHING AGE 55, THE MINIMUM DEFERRAL IS REDUCED TO 3 YRS. UPON REACHING AGE 60, THE MINIMUM DEFERRAL IS REDUCED TO 2 YRS. AT AGE 64, A CASH EQUIVALENT IS PROVIDED TO THE EXECUTIVE AND NO ADDITIONAL DEFERRALS ARE MADE UNDER THIS PLAN. THE PLAN IS UNFUNDED WITH ALL BENEFITS PAID FROM THE COMPANY'S GENERAL ASSETS. HOWEVER, THE EXECUTIVE IS ALLOWED TO DIRECT THE INVESTMENTS OF HIS DEFERRED COMPENSATION CREDIT IN A MENU OF INVESTMENT ALTERNATIVES MADE AVAILABLE BY THE COMPANY. UPON VESTING, A DISTRIBUTION IS PROVIDED LESS THE APPLICABLE TAX. IN THE CASE OF A VOLUNTARY TERMINATION OF EMPLOYMENT BY THE EXECUTIVE OR INVOLUNTARY TERMINATION OF EMPLOYMENT FOR CAUSE BY THE COMPANY, THE NON-VESTED FUNDS ARE FORFEITED. ACCELERATED VESTING (100%) IS ALLOWED UPON DEATH, DISABILITY OR AN INVOLUNTARY TERMINATION BY THE COMPANY WITHOUT CAUSE. ALLOCATIONS TO THE 457(F) PLAN FROM THE ORGANIZATION FOR 2015 INCLUDE THE FOLLOWING: CHRISTOPHER MCLEAN - \$76,638; NIKKI POLIS - 37,257; MITCH GRAVES - 42,750; LYNN FIELD - 14,050; DAVID BAYTOS - 40,148; LARRY FOGARTY - 22,752; MICHAEL UGWUEKE - 70,933; DONNA ABNEY - 56,770; CAROL ROSS-SPANG - 38,508; WILLIAM BREEN JR - 45,165; EDWARD RAFALSKI - 20,655; CYNTHIA DAVIS - 15,734; MICHAEL NESBIT - 22,189; EUGENIO FERNANDEZ - 15,172; MARK MCMATH - 12,461. ALLOCATIONS TO THE SERP PLAN FROM THE ORGANIZATIONS FOR 2015 INCLUDE THE FOLLOWING: CHRISTOPHER MCLEAN - \$25,386; GARY SHORB - 290,877; DONNA ABNEY - 40,230; CAROL ROSS-SPANG - 8,993; SUSAN THURMOND - 42,913. 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 457(F) PLAN FROM THE ORGANIZATION FOR 2015 INCLUDE THE FOLLOWING: CHRISTOPHER MCLEAN - \$93,381; NIKKI POLIS - 23,868; MITCH GRAVES - 52,557; LYNN FIELD - 16,517; GARY SHORB - 117,143; DAVID BAYTOS - 52,094; LARRY FOGARTY - 29,683; MICHAEL UGWUEKE - 58,694; DONNA ABNEY - 68,717; CAROL ROSS-SPANG - 49,074; SUSAN THURMOND - 47,831; EDWARD RAFALSKI - 25,631; MICHAEL NESBIT - 66,053; ALEXANDER MACGREGOR - 61,922. THE FOLLOWING INDIVIDUALS RECEIVED SERP PAYOUTS. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE SERP PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEARS FORM 990 AS REQUIRED. PAYOUTS FROM THE SERP PLAN FROM THE ORGANIZATION FOR 2015 INCLUDE THE FOLLOWING: GARY SHORB - \$3,085,951; SUSAN THURMOND - 457,915. IN ADDITION, SEVERAL EXECUTIVES RECEIVED AN EXECUTIVE RETIREMENT LUMP SUM PAYOUT. ONCE AN EXECUTIVE REACHES THE AGE OF 64 THEN THEY ARE NO LONGER ELIGIBLE TO PARTICIPATE IN THE 457(F) PLAN. A LUMP SUM IS PAID ANNUALLY ON THE LAST PAY PERIOD OF THE YEAR, EQUIVALENT TO THE CONTRIBUTION THAT WOULD HAVE BEEN MADE TO THE 457(F) PLAN. 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 2015 INCLUDE THE FOLLOWING: GARY SHORB - \$ 108,756; HARRY DURBIN - 22,356; CATO JOHNSON - 35,640; SUSAN THURMOND - 45,516; DAVID ROSENBAUM - 12,369.
PART I, LINE 7	THE MANAGEMENT INCENTIVE PLAN INTENDS TO REWARD MANAGEMENT FOR THE ACHIEVEMENT OF PERFORMANCE AGAINST A PRE-ESTABLISHED SET OF BALANCED AND CHALLENGING GOALS. THE PLAN ALSO INCLUDES A PROVISION THAT DEFERS VESTING OF A PORTION OF THE AWARD SUBJECT TO CONTINUED EMPLOYMENT (WITH A SUBSTANTIAL RISK OF FORFEITURE) TO ENCOURAGE RETENTION OF EXECUTIVES. THIS PLAN IS REVIEWED BY AN EXTERNAL THIRD-PARTY CONSULTANT.



Additional Data

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HEATHER SWANSON MD BOARD MEMBER (BEGINNING JULY)	(i)	0	0	0	0	0	0	0
	(ii)	324,081	0	0	15,168	-	-	0
					12,058		351,307	
1JEAN-CLAUDE LOISEAU MD BOARD MEMBER (THROUGH JULY)	(i)	0	0	0	0	0	0	0
	(ii)	422,829	0	0	7,789	-	-	0
						11,247	441,865	
2GARY SHORBCEO	(i)	925,191	485,684	3,350,700	563,884	11,623	5,337,082	3,293,270
	(ii)	0	0	0	0	-	-	0
					0	0	0	
3MICHAEL UGWUEKECOO	(i)	584,387	205,974	319,445	155,577	16,508	1,281,891	87,912
	(ii)	0	0	0	0	-	-	0
					0	0	0	
4CHRIS MCLEAN CFO/TREASURER	(i)	631,537	258,856	102,901	190,503	16,508	1,200,305	134,500
	(ii)	0	0	0	0	-	-	0
						0	0	
5NIKKI POLIS SVP - CHIEF NURSING OFFICER	(i)	292,556	79,915	30,038	79,688	6,369	488,566	23,868
	(ii)	0	0	0	0	-	-	0
						0	0	
6DONNA ABNEY EXECUTIVE VICE PRESIDENT	(i)	467,628	196,308	84,369	246,426	12,058	1,006,789	105,474
	(ii)	0	0	0	0	-	-	0
						0	0	
7DAVID BAYTOSSVP - MS	(i)	315,896	107,082	72,397	135,043	16,508	646,926	75,458
	(ii)	0	0	0	0	-	-	0
						0	0	
8HARRY DURBINSVP - F&H	(i)	151,679	58,458	30,570	28,076	40,965	309,748	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9CATO JOHNSON SVP - PUBLIC POLICY	(i)	293,111	108,500	51,686	90,666	11,506	555,469	19,996
	(ii)	0	0	0	0	-	-	0
						0	0	
10ALEXANDER MACGREGOR MD SVP - CMIO PARTIAL YEAR	(i)	65,213	81,227	63,393	13,901	11,623	235,357	61,922
	(ii)	0	0	0	0	-	-	0
						0	0	
11ED RAFALSKI SVP - STRATEGIC PLANNING PARTIAL YEA	(i)	168,607	97,642	26,464	57,270	11,323	361,306	44,268
	(ii)	0	0	0	0	-	-	0
						0	0	
12CAROL ROSS-SPANG SVP - HUMAN RESOURCES	(i)	302,720	114,062	68,506	111,291	16,491	613,070	70,925
	(ii)	0	0	0	0	-	-	0
						0	0	
13SUSAN THURMOND SVP - CHIEF QUALITY OFFICER	(i)	376,038	141,431	596,061	123,079	6,709	1,243,318	533,900
	(ii)	0	0	0	0	-	-	0
						0	0	
14WILLIAM BREEN JR SVP - PHYSICIAN ALIGNMENT	(i)	337,492	125,175	2,708	94,634	9,709	569,718	24,469
	(ii)	0	0	0	0	-	-	0
						0	0	
15MITCH GRAVES SVP - PRESIDENT/CEO OF HEALTH CHOICE	(i)	332,429	118,316	81,200	74,494	16,508	622,947	69,942
	(ii)	0	0	0	0	-	-	0
						0	0	
16LYNN FIELD VP - CHIEF LEGAL OFFICER	(i)	230,279	52,212	21,911	44,136	11,010	359,548	16,517
	(ii)	0	0	0	0	-	-	0
						0	0	
17MICHAEL NESBIT VP - CORP/FINANCE/REIMBURSE	(i)	270,976	59,996	70,858	62,335	11,360	475,525	66,053
	(ii)	0	0	0	0	-	-	0
						0	0	
18CYNTHIA DAVIS VP - CIO/AMBULATORY SERVICE	(i)	255,911	52,616	6,305	29,460	11,128	355,420	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19LARRY FOGARTY VP - MATERIALS MANAGEMENT	(i)	258,517	58,947	52,481	53,114	16,143	439,202	29,683
	(ii)	0	0	0	0	-	-	0
						0	0	

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DAVID ROSENBAUM VP - CORP FACILITIES MANAGE	(i)	201,904	45,710	76,663	46,272	11,220	381,769	0
	(ii)	0	0	0	0	0	0	0
1EUGENIO FERNANDEZ VP - CHIEF TECHNOLOGY OFFICER	(i)	247,033	53,425	3,597	30,344	11,056	345,455	0
	(ii)	0	0	0	0	0	0	0

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Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

METHODIST LE BONHEUR HEALTHCARE

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

58-1454711

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697VM8	09-15-2004	161,400,000	ADVANCE REFUNDING, CAPITAL ACQUISITION		X		X		X
B THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697ZK8	06-12-2008	270,000,000	CURRENT REFUNDING, CAPITAL ACQUISITION		X		X		X
C THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697YF0	06-12-2008	112,198,412	CURRENT REFUNDING		X		X		X
D THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697G45	05-16-2012	101,481,257	CAPITAL ACQUISITION		X		X		X

Part II

Proceeds

					A	B	C	D			
1	Amount of bonds retired . . . . .				6,830,000		79,665,000				
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .				167,642,608	271,730,496	114,381,565	101,481,294			
4	Gross proceeds in reserve funds . . . . .				15,320,212	10,065,007	11,103,849	5			
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .										
7	Issuance costs from proceeds . . . . .				2,586,587	1,355,713	964,513	1,481,257			
8	Credit enhancement from proceeds . . . . .				6,941,323	18,285,740					
9	Working capital expenditures from proceeds . . . . .										
10	Capital expenditures from proceeds . . . . .				3,689,402	187,388,948		100,000,000			
11	Other spent proceeds . . . . .				135,028,234	65,615,000	100,014,058				
12	Other unspent proceeds . . . . .										
13	Year of substantial completion . . . . .				2005	2010	1998	2010			
					Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue? . . . .					X	X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . .				X			X			X
16	Has the final allocation of proceeds been made? . . . . .				X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X		

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 010 %		0 090 %		0 040 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .	0 010 %		0 090 %		0 040 %			
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X		X		X	X	
c	No rebate due? . . . . .	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X	X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider . . . . .	JP MORGAN CHASE NA		JP MORGAN CHASE NA					
c	Term of hedge . . . . .	1160 00000000000 %		2540 00000000000 %					
d	Was the hedge superintegrated? . . . . .		X		X				
e	Was the hedge terminated? . . . . .		X		X				

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 11/23/2015 ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 10/22/2015 ISSUER NAME THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY DATE THE REBATE COMPUTATION WAS PERFORMED 10/19/2015

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, TOTAL PROCEEDS	AMOUNTS REPORTED ON LINE 3 INCLUDE INVESTMENT EARNINGS ON BOND PROCEEDS AS FOLLOWS BOND [A] SALE PROCEEDS \$ 161,400,000 INVESTMENT EARNINGS 6,242,608 TOTAL TO LINE 3 \$ 167,642,608 BOND [C] SALE PROCEEDS \$ 270,000,000 INVESTMENT EARNINGS 1,730,496 TOTAL TO LINE 3 \$ 271,730,496 BOND [D] SALE PROCEEDS \$ 112,198,412 INVESTMENT EARNINGS 2,183,153 TOTAL TO LINE 3 \$ 114,381,565 BOND [E] SALE PROCEEDS \$ 101,481,257 INVESTMENT EARNINGS 37 TOTAL TO LINE 3 \$ 101,481,294

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS	THE AMOUNTS PRESENTED ON LINE 11 REPRESENT BOND PROCEEDS USED TO CURRENTLY AND ADVANCE REFUND PRIOR ISSUES, AS NOTED IN PART II, LINES 14 AND 15

Return Reference	Explanation
<p>SCHEDULE K, PART III, BOND [D]</p>	<p>THE PROCEEDS OF THE BONDS REPORTED IN COLUMN [D] WERE USED ENTIRELY TO REFUND BOND ISSUES DATED PRIOR TO JANUARY 1, 2003 (EXCEPT AMOUNTS USED FOR COSTS OF ISSUANCE AND RESERVE FUNDS AS NOTED IN PART II), THEREFORE, PART III IS NOT APPLICABLE TO THE BONDS IN COLUMN [D]</p>





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BELZ INVESTCO GP	OWNED IN PART BY BOARD MEMBER RONALD BELZ	733,159	PROPERTY LEASE AND RENTAL		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

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Name of the organization  
METHODIST LE BONHEUR HEALTHCARE

Employer identification number  
58-1454711

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS BY FAR, THE LARGEST PERCENTAGE OF MLH IS THE METHODIST HEALTHCARE-MEMPHIS HOSPITALS (MHMH) WHICH INCLUDES METHODIST UNIVERSITY HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL AND LE BONHEUR CHILDREN'S HOSPITAL COMBINED, THIS ENTITY HAS GIVEN SIGNIFICANTLY TO ITS SURROUNDING COMMUNITIES WITH THE SUPPORT OF METHODIST LE BONHEUR HEALTHCARE. IN 2015 MLH CONTRIBUTED MORE THAN \$188 MILLION IN COMMUNITY BENEFIT TO MEMPHIS AND THE MID-SOUTH THROUGH VARIOUS EFFORTS INCLUDING, CHARITY CARE, MEDICARE/TNCARE SHORTFALL, MEDICAL EDUCATION, AND COMMUNITY HEALTH IMPROVEMENT SERVICES. FURTHER INFORMATION ON THE EDUCATION AND HEALTH SERVICES IS INCLUDED IN THIS REPORT. MLH ALSO PROVIDED MORE THAN \$4 MILLION IN CASH AND IN-KIND CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS, IN ADDITION TO THE \$188 MILLION IN COMMUNITY BENEFIT. MEDICAL EDUCATION AND RESEARCH: METHODIST LE BONHEUR HEALTHCARE SUPPORTS MEDICAL EDUCATION AND RESEARCH VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE GRADUATE MEDICAL SCHOOL TO COVER THE COST OF GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL. THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE. THE FINANCIAL SUPPORT PROVIDED BY MLH COVERS THEIR TIME AND EFFORT SPENT PROVIDING PATIENT CARE AT METHODIST HOSPITALS IN ADDITION TO THEIR EDUCATIONAL ACTIVITIES. OUTREACH ACTIVITIES: MLH PARTICIPATED IN A WIDE VARIETY OF PROGRAMS THROUGHOUT WEST TENNESSEE, NORTH MISSISSIPPI AND SOUTHEAST ARKANSAS IN 2015. HERE IS AN EXAMPLE OF THE ACTIVITIES AND THE NUMBER OF PERSONS SERVED: - 14 HEALTH FAIRS SERVING 4,432 INDIVIDUALS AT A COST TO MLH OF \$22,436 - 4 CPR CLASSES SERVING 612 INDIVIDUALS AT A COST OF \$740 - 150 PROFESSIONAL EDUCATION CLASSES SERVING 1,870 COMMUNITY PROFESSIONALS AT A COST OF \$184,268 - 167 EDUCATION CLASSES AND SPEAKING ENGAGEMENTS FOR THE GENERAL PUBLIC SERVING 6,756 INDIVIDUALS AT A COST OF \$140,239 - FREE RX/HOME EQUIPMENT/HOME HEALTH VISITS TO 1,599 INDIVIDUALS AT A COST OF \$487,073 - 28 SUPPORT GROUPS SERVING 875 INDIVIDUALS AT A COST OF \$21,317. COMMUNITY EDUCATION: CONTINUING MEDICAL EDUCATION OFFERINGS CONTINUED TO PROVIDE EDUCATION AND TRAINING TO PHYSICIANS AND OTHER HEALTH PROFESSIONALS. IN 2015 THERE WERE 185 ACTIVITIES TOTALING 1,750 TOTAL HOURS. A TOTAL OF 17,044 TO PHYSICIAN ATTENDEES AND 2,289 NON- PHYSICIAN ATTENDEES PARTICIPATED. LE BONHEUR COMMUNITY HEALTH AND WELL-BEING: THE LE BONHEUR COMMUNITY HEALTH AND WELL-BEING SUBSIDIARY EXTENDS THE WORK OF THE HOSPITAL BEYOND ITS WALLS. THROUGH A VARIETY OF PROGRAMS, THIS SUBSIDIARY MAKES A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION. METHODIST HEALTHCARE FOUNDATION: THE FOUNDATION RAISES FUNDS TO BENEFIT AND STRENGTHEN THE METHODIST PROGRAMS AND CENTERS OF EXCELLENCE. FUNDS RAISED ENHANCE CLINICAL AND RESEARCH INITIATIVES, UNDERWRITE COSTS FOR FACILITIES, TECHNICIANS AND EQUIPMENT AND BRIDGE THE GAP BETWEEN WHAT HOSPITAL REIMBURSEMENT COVERS AND WHAT IS NECESSARY TO STAY ON THE CUTTING EDGE OF MEDICAL SCIENCE. IN 2015, THE FOUNDATION RAISED \$44 MILLION AND SPENT \$24.7 MILLION IN SUPPORT OF VARIOUS PROGRAMS, ALL WHICH BENEFITED THE COMMUNITY. HERE ARE SOME HIGHLIGHTS: MANY YEARS AGO, THE METHODIST FOUNDATION ESTABLISHED "THE HUMANITARIAN FUND" WHICH HELPS METHODIST ASSOCIATES IN TIMES OF CRISIS (I.E., FIRE, CRIME, DEATH). IN 2015, THE FOUNDATION PROVIDED \$410,290 IN SUPPORT OF THESE ASSOCIATES. THE METHODIST HEALTHCARE FOUNDATION AWARDED COLLEGE SCHOLARSHIPS TO CHILDREN AND DEPENDENTS OF ASSOCIATES WHO PLAN TO PURSUE A CAREER IN A HEALTH-RELATED FIELD OF STUDY. IN 2015, THE FOUNDATION AWARDED 19 COLLEGE SCHOLARSHIPS TOTALING \$19,500 TO ASSOCIATE DEPENDENTS TO PURSUE A CAREER IN A HEALTH-RELATED FIELD, AS WELL AS 13 NURSING SCHOLARSHIPS, MADE POSSIBLE BY GENEROUS DONORS, IN THE AMOUNT OF \$16,000. LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION: THE LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION, IN PARTNERSHIP WITH DONORS AND VOLUNTEERS, PROMOTES PHILANTHROPIC INVESTMENT TO SUPPORT LE BONHEUR CHILDREN'S HOSPITAL'S MISSION OF PROVIDING HIGH QUALITY PATIENT CARE, RESEARCH AND ADVOCACY. ITS THREE MAJOR PROJECTS ARE: - LE BONHEUR CAPITAL CAMPAIGN - SINCE 2005, THE LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION HAS BEEN INVOLVED IN A \$113 MILLION CAPITAL CAMPAIGN TO ASSIST IN RAISING THE FUNDS NEEDED FOR THE NEW LE BONHEUR CHILDREN'S HOSPITAL WHICH OPENED IN 2010. - FEDEX FAMILY HOUSE, A HOME AWAY FROM HOME FOR OUT-OF-TOWN FAMILIES WHO COME TO LE BONHEUR CHILDREN'S HOSPITAL FOR TREATMENT. - CHILDREN'S MIRACLE NETWORK HOSPITALS RELATIONSHIP LCHF, IN PARTNERSHIP WITH THE RESEARCH DIVISION OF LCHF, AWARDED 5 GRANTS FOR A TOTAL OF \$105,000 TO AID IN THE RESEARCH OF RSV, LIVER DISEASE, BOWEL LOSS, ASTHMA AND INFLUENZA, AND PULMONARY HYPERTENSION. FAITH AND HEALTH DIVISION: THE FAITH AND HEALTH DIVISION FULFILLS ITS MISSION IN OUR MHMH HOSPITALS AND IN THE COMMUNITY, PARTICULARLY THROUGH AREA CHURCHES. IT IS RESPONSIBLE FOR THE CONTINUUM OF PASTORAL SERVICES WHICH INCLUDE THOSE OFFERED INSIDE THE WALLS OF OUR HOSPITALS AS WELL AS THROUGH PARTNERSHIPS WITH CONGREGATIONS AND COMMUNITY PARTNERS. THE CONGREGATIONAL HEALTH NETWORK IS A COVENANT RELATIONSHIP BETWEEN MHMH, MID-SOUTH CONGREGATIONS AND COMMUNITY HEALTH ORGANIZATIONS. THE CHN PROVIDES A NETWORK OF 500 CONGREGATIONS AND FAITH COMMUNITIES THAT ARE PARTNERING WITH US TO SHARE THE MINISTRY OF CARING FOR OUR PATIENTS. HELPING PEOPLE NAVIGATE THE JOURNEY FROM HOME TO MEDICAL CARE AND BACK. THE GOAL OF THIS PROGRAM IS TO BUILD STRONGER RELATIONSHIPS AND BRIDGES BETWEEN LOCAL FAITH COMMUNITIES AND METHODIST LE BONHEUR HEALTHCARE (MLH) IN ORDER TO IMPROVE THE PATIENT EXPERIENCE IN THE MLH SYSTEM AND MORE BROADLY TO BUILD HEALTHIER COMMUNITIES IN MEMPHIS, TENNESSEE AND THE MID-SOUTH. IN 2015, MORE THAN 1000 INDIVIDUALS WERE TRAINED AS LIAISONS AT A COST TO MLH OF \$3,892. THE CHN ALSO HELD 28 EDUCATION CLASSES FOR 447 INDIVIDUALS ON TOPICS RANGING FROM VIOLENCE PREVENTION AND ALZHEIMER'S TO CARING FOR THE DYING. THE COST FOR THESE CLASSES IS INCLUDED IN THE GENERAL PUBLIC EDUCATION AMOUNT. THE CHN ALSO WORKS CLOSELY WITH THE UNITED METHODIST CHURCH'S BOARD OF GLOBAL MINISTRIES AND HAS BEEN RECOGNIZED AS A LEADER IN THEIR FIELD. THE CHN IS ALSO ACTIVE INTERNATIONALLY IN AFRICA AND RUSSIA AND OTHER MISSION HOSPITALS THROUGHOUT THE WORLD. THE CONGREGATIONAL HEALTH NETWORK PROVIDES THE FOLLOWING: - DEVELOPMENT AND MAINTENANCE OF A SOCIAL SYSTEM (INCLUDING CONGREGATIONS, VOLUNTEERS, MLH AND PARTNERS) - IMPLEMENTATION OF COVENANT RELATIONSHIPS (INCLUDING VALUE-ADDED INCENTIVES) - IN-HOSPITAL SUPPORT AND ACCOMPANIMENT - COMMUNITY HEALTH PROMOTION - MICRO-GRANTS TO CONGREGATIONS AND COMMUNITY PARTNERS TO SUPPORT HEALTH-PROMOTING WORK - MAPPING AND LEVERAGING OF RELIGIOUS HEALTH ASSETS IN MEMPHIS - BUILDING PRACTICAL INTERFAITH COLLABORATION TO IMPROVE COMMUNITY HEALTH - TRAINING AND EDUCATION OF CONGREGATIONS AND LIAISONS (E.G. IN COMMUNITY CARE, HOSPITAL VISITATION, AFTERCARE TRAINING, END OF LIFE CARE, MENTAL HEALTH FIRST AID). METHODIST HEALTH AND WELFARE MINISTRIES HOSTED SEVERAL PROGRAMS AIMED AT CLERGY, PHYSICIANS AND LAY PERSONS. IT ALSO WORKS CLOSELY WITH THESE INDIVIDUALS AND THE COMMUNITY IN PROVIDING MANY ASPECTS OF HEALING, PUBLIC HEALTH AND HEALTH AWARENESS. THE DIVISION WORKS CLOSELY WITH THE UNITED METHODIST CHURCH'S BOARD OF GLOBAL MINISTRIES BY COORDINATING SEVERAL OF ITS NATIONAL NETWORKS OF HEALTH MINISTRIES AND COOPERATES IN INTERNATIONAL MINISTRIES IN AFRICA, RUSSIA, AND WITH MISSION HOSPITALS THROUGHOUT THE WORLD.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS COMMUNITY INVOLVEMENT METHODIST PLACES A STRONG EMPHASIS ON EDUCATION AND ENCOURAGES ASSOCIATES AND THEIR RESPECTIVE HOSPITAL OF EMPLOYMENT IN THE MLH SYSTEM TO PARTICIPATE IN THE MEMPHIS CITY SCHOOLS' ADOPT-A-SCHOOL PROGRAM ASSOCIATES PROVIDED THE FOLLOWING SERVICES - TUTOR AND MENTOR STUDENTS - SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGED EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS COLLABORATIONS AND PARTNERSHIPS MLH STRIVES TO WORK WITH A WIDE VARIETY OF RESOURCES IN THE COMMUNITIES WE SERVE TO FURTHER HELP OUR PATIENTS IN MEMPHIS AND THE MID-SOUTH EACH OF THESE PROVIDES THEIR OWN EXPERTISE AND NICHE IN EACH OF THE MEMPHIS AND MID-SOUTH COMMUNITIES CHURCH HEALTH CENTER (CHC) - MLH PROVIDES PATIENT CARE FREE OF CHARGE TO CHC PATIENTS, AS WELL AS MAKING FINANCIAL DONATIONS THROUGHOUT THE YEAR MLH SUPPORTS THE MEMPHIS PLAN (EMPLOYER SPONSORED HEALTH PLAN FOR SMALL BUSINESSES AND SELF EMPLOYED) THROUGH YEARLY DONATIONS IN 2015, MLH PROVIDED \$4,234,300 IN CARE FOR CHC PATIENTS CHRIST COMMUNITY HEALTH SERVICES (CCHS) - THESE CENTERS ARE PLACED STRATEGICALLY THROUGHOUT SHELBY COUNTY TO PROVIDE PHYSICAL, EMOTIONAL AND SPIRITUAL CARE IN 2015 MLH PROVIDED \$1,838,077 IN CARE FOR PATIENTS OF CCHS MLH HAS MANY ASSOCIATES THAT SERVE ON VARIOUS BOARDS AND COMMITTEES AROUND MEMPHIS THAT ARE DIRECTLY RELATED TO THE COMMUNITY HEALTH IN 2015, MLH PAID OUT A TOTAL OF \$226,507 IN SALARY DOLLARS FOR EMPLOYEES TO PARTICIPATE ON THESE BOARDS/COMMITTEES ON MLH TIME MLH HAS FAMILY PARTNER COUNCILS AT EACH FACILITY AND IS CURRENTLY WORKING TO ESTABLISH ONE FOR OUR PHYSICIAN PRACTICES THERE ARE CURRENTLY 140 FAMILY MEMBERS SERVING ON THESE COMMITTEES THESE INDIVIDUALS ARE INSTRUMENTAL IN HELPING TO CHANGE POLICIES, DESIGN NEW FACILITIES, ESTABLISH GUIDELINES REVOLVING AROUND FAMILIES/PARTNERS IN CARE AND EDUCATE ASSOCIATES ON THE HEALTHCARE JOURNEY FROM A FAMILY PERSPECTIVE IN 2015, METHODIST, IN CONJUNCTION WITH THE WEST CLINIC AND UT HEALTH SCIENCE CENTER, OPENED A NEW CANCER CENTER ON WOLF RIVER BOULEVARD IN GERMANTOWN, TN WHILE THE CANCER CENTER IS A COOPERATIVE EFFORT OF THE THREE ORGANIZATIONS, MLH OWNS THE ENTIRE BUILDING AND FUNDED THE \$60.5 MILLION IN RENOVATIONS, ADDITIONS AND EQUIPMENT PURCHASES MONETARY AND IN-KIND DONATIONS IN 2015 MLH MADE DONATIONS TO MORE THAN 50 NOT-FOR-PROFIT ORGANIZATIONS EITHER THROUGH FINANCIAL MEANS OR WITH IN-KIND DONATIONS OF EQUIPMENT OR PRINTING SERVICES THE VALUE OF THESE DONATIONS TOTALED \$452,192.60 DONATIONS WERE AWARDED TO THE FOLLOWING ORGANIZATIONS AMERICAN CANCER SOCIETY AMERICAN HEART ASSOCIATION AMERICAN LIVER FOUNDATION AMERICAN RED CROSS APRIL 4TH FOUNDATION ARTHRITIS FOUNDATION BLUFF CITY MEDICAL BOYS &amp; GIRLS CLUBS OF MEMPHIS CAMPBELL FOUNDATION CHICKASAW COUNCIL OF THE BOY SCOUTS CHILDREN'S HEART FOUNDATION CHRIST COMMUNITY HEALTH SERVICES CHRISTIAN MEDICAL AND DENTAL ASSOC CHURCH HEALTH CENTER CYSTIC FIBROSIS EXCHANGE CLUB FACING HISTORY &amp; OURSELVES FAMILY SAFETY CENTER FOOD ALLERGY &amp; RESEARCH EDUCATION GAYLE S ROSE FOUNDATION GIRL SCOUTS GIRLS, INC HEALTH MEMPHIS COMMON TABLE INSTITUTE FOR PATIENT &amp; FAMILY CENTERED CARE JUVENILE DIABETES RESEARCH FOUNDATION LIVITUP, INC MARCH OF DIMES MELANOMA RESEARCH MEMPHIS BIOWORKS MEMPHIS BRANCH NAACP MEMPHIS BUSINESS GROUP ON HEALTH MEMPHIS CHILD ADVOCACY CENTER MEMPHIS FRIENDSHIP FOUNDATION MEMPHIS JEWISH COMMUNITY CENTER MEMPHIS MUSEUMS MEMPHIS SHELBY CRIME COMMISSION MEMPHIS THEOLOGICAL SEMINARY MONUMENTAL BAPTIST CHURCH MUSCULAR DYSTROPHY ASSOCIATION NATIONAL ASSOCIATION OF HEALTH NATIONAL CIVIL RIGHTS MUSEUM NATIONAL KIDNEY FOUNDATION NATIONAL MS SOCIETY NATIONAL STUDENT NURSES ASSOCIATION NEW MEMPHIS INSTITUTE NWMS CC FOUNDATION OVERTON PARK CONSERVANCY PINKY PROMISE INTERNATIONAL PROJECT TRANSFORMATION RENAISSANCE FUND RHODES COLLEGE SALVATION ARMY SEMMES MURPHY FOUNDATION SHELBY COUNTY MAYOR CHARITABLE FUND SHELBY FARMS PARK SOUTHERN COLLEGE OF OPTOMETRY SUSAN G KOMEN MID SOUTH TENNESSEE JUSTICE CENTER UNITED METHODIST NEIGHBORHOOD CENTERS UNIVERSITY OF MEMPHIS WOMEN'S FOUNDATION FOR A GREATER MEMPHIS YMCA OF MEMPHIS &amp; MID-SOUTH</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INPUT FROM HUMAN RESOURCES, LEGAL, COMPLIANCE, AND FINANCE DEPARTMENTS AND EXTERNAL FINANCIAL CONSULTANTS. FINANCIAL INFORMATION IS RECONCILED TO AUDITED FINANCIAL STATEMENTS AS APPROPRIATE. THE INFORMATION TO BE DISCLOSED REGARDING COMPENSATION IS REVIEWED WITH THE COMPENSATION COMMITTEE OF THE BOARD. THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MLH AND MANAGEMENT OF THE ORGANIZATION AS APPROPRIATE. A COPY OF THE RETURN IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND DISCUSSED AT A SCHEDULED BOARD MEETING PRIOR TO FILING WITH THE IRS.

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

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

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



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

Return Reference	Explanation
FORM 990, PART VII, LINE 1	BOARD MEMBER COMPENSATION JEAN CLAUDE LOISEAU, MD AND HEATHER SWANSON, MD ARE COMPENSATED BY A RELATED 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 IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 1,396,575 MANAGEMENT AND GENERAL EXPENSES 10,770,975 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,167,550 MAINTENANCE CONTRACTS PROGRAM SERVICE EXPENSES 301,641 MANAGEMENT AND GENERAL EXPENSES 116,941 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 418,582 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 149,085 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 149,085 CONSULTING AND MGMT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 4,380,907 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,380,907

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF MINIMUM PENSION LIABILITY 5,671,085 EQUITY TRANSFERS FROM AFFILIATES 96,038,794

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

Return Reference	Explanation
CONTROLLED FOREIGN PARTNERSHIP REPORTING	THE TAXPAYER IS REQUIRED TO FILE FORM 8865, BUT IS NOT DOING SO UNDER THE CONSTRUCTIVE OWNERS FILING EXCEPTION U S PERSON WHOSE INTEREST THE TAXPAYER CONSTRUCTIVELY OWNS PRESERVER, LP EIN 27-1367437 8200 TRAIL LAKE DRIVE WEST, SUITE 105 MEMPHIS, TN 38125 FOREIGN PARTNERSHIP FOR WHICH THE TAXPAYER WOULD HAVE HAD TO FILE FORM 8865 BUT FOR THE EXCEPTION ALCENTRA STRUCTURED CREDIT OPPORTUNITY FUND II EIN 98-1010280 C/O ALCENTRA FUND, 6, RUE PHILIPPE II L-2340 LUXEMBOURG LUXEMBOURG

SCHEDULE R

(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
METHODIST LE BONHEUR HEALTHCARE

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

58-1454711

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

**Part III**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> NORTH SURGERY CENTER LP  3960 NEW COVINGTON PIKE MEMPHIS, TN 38128 62-1685756	SURGERY CENTER	TN	N/A									
METHODIST SURGERY CENTER- <b>(2)</b> GERMANTOWN LP  1363 S GERMANTOWN ROAD GERMANTOWN, TN 38138 62-1659904	SURGERY CENTER	TN	N/A									
HAMILTON EYE INSTITUTE SURGERY <b>(3)</b> CENTER LP  930 MADISON AVE 3RD FLOOR MEMPHIS, TN 38103 20-2873438	SURGERY CENTER	TN	N/A									

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> AMBULATORY OPERATIONS INC  1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1157166	MEDICAL AND MANAGEMENT SERVICES	TN	N/A	C					No
SOLUS MANAGEMENT <b>(2)</b> SERVICES INC  6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	N/A	C					No
MEMPHIS PROFESSIONAL <b>(3)</b> 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	Yes	

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

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

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

[illegible]

**Part VII**

**Supplemental Information**

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-1454711

Name: METHODIST LE BONHEUR HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION 850 POPLAR AVENUE BLDG 2 MEMPHIS, TN 38105 62-1872938	FOUNDATION	TN	501(C)(3)	LINE 11A, I	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVENUE SUITE 450 MEMPHIS, TN 38104 23-7320638	FOUNDATION	TN	501(C)(3)	LINE 11A, I	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-FAYETTE HOSPITAL 214 LAKEVIEW DRIVE SOMERVILLE, TN 38068 62-0862334	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST EXTENDED CARE HOSPITAL INC 225 SOUTH CLAYBROOK MEMPHIS, TN 38104 62-1518342	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-JONESBORO HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 71-0499625	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1403517	OUTPATIENT HEALTHCARE	TN	501(C)(3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 58-2078931	PHYSICIAN PRACTICES	TN	501(C)(3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE	Yes	
LE BONHEUR COMMUNITY HEALTH AND WELL-BEING 50 PEABODY PLACE MEMPHIS, TN 38103 62-1251288	FOUNDATION	TN	501(C)(3)	LINE 7	LE BONHEUR CHILDREN'S FOUNDATION	Yes	
METHODIST HEALTHCARE-DYERSBURG HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 62-1155084	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
ALLIANCE HEALTH SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-0841121	HEALTHCARE	TN	501(C)(3)	LINE 9	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE CENTRAL MS MEDICAL ASSOCIATES 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0884720	PHYSICIAN PRACTICES	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-JACKSON HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0794199	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE-MIDDLE MISSISSIPPI HOSPITAL 1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0698911	INACTIVE HOSPITAL	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALTHCARE - MEMPHIS HOSPITALS 1265 UNION AVENUE MEMPHIS, TN 38104 62-0479367	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
METHODIST HEALHCARE - OLIVE BRANCH HOSPITAL 1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 64-0889822	HOSPITAL	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE	Yes	
THE URBAN CHILD INSTITUTE 600 JEFFERSON MEMPHIS, TN 38105 58-1514037	COMMUNITY OUTREACH	TN	501(C)(3)	LINE 11B, II	N/A		No

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	METHODIST HEALTHCARE - MEMPHIS HOSPITALS	L	133,548,972	INTERCOMPANY TRANSACTION
(1)	METHODIST HEALTHCARE-FAYETTE HOSPITAL	L	102,409	INTERCOMPANY TRANSACTION
(2)	METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	L	1,446,996	INTERCOMPANY TRANSACTION
(3)	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	L	376,452	INTERCOMPANY TRANSACTION
(4)	ALLIANCE HEALTH SERVICES INC	L	1,152,060	INTERCOMPANY TRANSACTION
(5)	METHODIST EXTENDED CARE HOSPITAL	L	1,783,548	INTERCOMPANY TRANSACTION
(6)	LE BONEHUR COMMUNITY HEALTH & WELL-BEING	L	166,356	INTERCOMPANY TRANSACTION
(7)	METHODIST HEALTHCARE - MEMPHIS HOSPITALS	Q	22,976,895	INTERCOMPANY TRANSACTION
(8)	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	Q	346,735	INTERCOMPANY TRANSACTION
(9)	ALLIANCE HEALTH SERVICES INC	Q	339,848	INTERCOMPANY TRANSACTION
(10)	METHODIST EXTENDED CARE HOSPITAL	Q	107,765	INTERCOMPANY TRANSACTION
(11)	METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	Q	1,054,668	INTERCOMPANY TRANSACTION
(12)	ALLIANCE HEALTH SERVICES INC	R	3,738,062	EQUITY TRANSFER
(13)	METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	R	5,905,461	EQUITY TRANSFER
(14)	LE BONEHUR COMMUNITY HEALTH & WELL-BEING	R	1,728,278	EQUITY TRANSFER
(15)	METHODIST HEALTHCARE-FAYETTE HOSPITAL	R	935,909	EQUITY TRANSFER
(16)	METHODIST EXTENDED CARE HOSPITAL	R	1,645,749	EQUITY TRANSFER
(17)	METHODIST HEALTHCARE - MEMPHIS HOSPITALS	S	103,853,607	EQUITY TRANSFER
(18)	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	S	6,138,648	EQUITY TRANSFER