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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

1265 UNION AVENUE

City or town, state or province, country, and ZIP or foreign postal code

MEMPHIS, TN 38104

F Name and address of principal officer

MICHAEL UGWUEKE

1265 UNION AVENUE

MEMPHIS, TN 38104

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website: WWW METHODISTHEALTH ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1935

M State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

METHODIST HEALTHCARE-MEMPHIS HOSPITALS, IN PARTNERSHIP WITH ITS MEDICAL STAFF, IS THE PREMIER, COMPREHENSIVE HEALTHCARE PROVIDER SERVING PATIENTS AND FAMILIES IN ITS SURROUNDING COMMUNITIES HIGH QUALITY, PATIENT AND FAMILY-CENTERED CARE IS PROVIDED IN A PERSONALIZED ENVIRONMENT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

☐

3 Number of voting members of the governing body (Part VI, line 1a)

323

4 Number of independent voting members of the governing body (Part VI, line 1b)

421

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

512,506

6 Total number of volunteers (estimate if necessary)

6289

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a1,175,746

7b Net unrelated business taxable income from Form 990-T, line 34

7b51,076

Revenue

8 Contributions and grants (Part VIII, line 1h)

5,914,911

9 Program service revenue (Part VIII, line 2g)

1,935,752,504

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

25,655,653

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

14,690,849

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,982,013,917

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

5,172,491

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

731,987,542

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,154,533,993

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,891,694,026

19 Revenue less expenses Subtract line 18 from line 12

90,319,891

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,075,214,972

21 Total liabilities (Part X, line 26)

159,239,173

22 Net assets or fund balances Subtract line 21 from line 20

915,975,799

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

2018-11-09

Date

CHRISTOPHER MCLEAN CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

AMY BIBBY

Preparer's signature

AMY BIBBY

Date

2018-11-09

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 (2017)

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 \$ 1,713,781,456 including grants of \$ 5,166,224) (Revenue \$ 2,055,227,708)
	See Additional Data

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	See Additional Data

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

4e	Total program service expenses ▶ 1,713,781,456
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	886	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	12,506	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 23		
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 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶SUE WAUGH 1211 UNION AVENUE 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

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 765

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
WEST CLINIC 100 N HUMPHREYS BLVD MEMPHIS, TN 381202146	PHYSICIAN SERVICES	71,889,501
UNIVERSITY OF TENNESSEE 920 MADISON SUITE 447 MEMPHIS, TN 381630001	PHYSICIAN SERVICES	33,311,062
BLOOD SYSTEMS INC DBA BIOCARE P O BOX 53022 TEMPE, AZ 85072	BLOOD PROCESSING	11,742,027
PEDIATRIC ANESTHESIOLOGISTS PA 50 N DUNLAP ST 1ST FL MEMPHIS, TN 381032800	PHYSICIAN SERVICES	4,825,793
UT MEDICAL GROUP INC 1407 UNION AVE STE 700 MEMPHIS, TN 38104	PHYSICIAN SERVICES	4,819,970

Form 990 (2017)

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a	64,813			
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d	1,722,085			
e Government grants (contributions)	1e	432,785			
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 ▶		2,219,683			

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICE	623000	1,725,015,663	1,725,015,663		
b OUTPATIENT LABS	900099	206,410,557	206,308,970	101,587	
c DRUG SALES	446110	67,480,403	67,480,403		
d 340B DRUG PROGRAM REVENUE	900099	55,012,203	55,012,203		
e PATHOLOGY SERVICES	900099	8,150,000	8,150,000		
f All other program service revenue		-5,665,372	-6,739,531	1,074,159	
g Total. Add lines 2a-2f ▶		2,056,403,454			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		26,163,854			26,163,854
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	5,157,879				
b Less rental expenses	0				
c Rental income or (loss)	5,157,879				
d Net rental income or (loss) ▶		5,157,879			5,157,879
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		312,637			
b Less cost or other basis and sales expenses		0			
c Gain or (loss)		312,637			
d Net gain or (loss) ▶		312,637			312,637
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		327,855			
b Less cost of goods sold b		54,088			
c Net income or (loss) from sales of inventory ▶		273,767			273,767
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE	900099	10,000,809			10,000,809
b EDUCATION & DAYCARE	900099	309,919			309,919
c CAFETERIA & VENDING	722210	293,465			293,465
d All other revenue					
e Total. Add lines 11a-11d ▶		10,604,193			
12 Total revenue. See Instructions ▶		2,101,135,467	2,055,227,708	1,175,746	42,512,330

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,166,224	5,166,224		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,351,934	3,481,546	870,388	
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.	613,550,756	585,814,897	27,735,859	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	33,596,138	32,845,637	750,501	
9 Other employee benefits.	59,852,682	52,247,744	7,604,938	
10 Payroll taxes.	42,617,166	42,104,534	512,632	
11 Fees for services (non-employees):				
a Management.	5,332,352	1,048,352	4,284,000	
b Legal.	440,149	291,843	148,306	
c Accounting.	1,453,950	56,255	1,397,695	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	215,817,571	178,850,309	36,967,262	
12 Advertising and promotion.	160,617	2,825	157,792	
13 Office expenses.	72,953,522	32,624,070	40,329,452	
14 Information technology.	3,855,924	2,364,500	1,491,424	
15 Royalties.				
16 Occupancy.	27,062,609	25,427,865	1,634,744	
17 Travel.	1,239,067	998,607	240,460	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,067,543	1,432,569	634,974	
20 Interest.	20,746,072	20,746,072		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	94,439,199	94,434,695	4,504	
23 Insurance.	14,517,455	2,342,396	12,175,059	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	418,545,150	418,545,150		
b BAD DEBT EXPENSE	211,345,713	211,345,713		
c OVERHEAD & ADMINISTRATIVE	148,661,987	0	148,661,987	
d RECRUITMENT	2,073,906	1,614,420	459,486	
e All other expenses	-4,767	-4,767		
25 Total functional expenses. Add lines 1 through 24e.	1,999,842,919	1,713,781,456	286,061,463	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		-10,551,624	1	-10,050,570	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		209,999,899	4	229,189,090	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7	124,935	
	8	Inventories for sale or use		26,695,608	8	29,003,736	
	9	Prepaid expenses and deferred charges		6,348,717	9	5,948,494	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,907,995,781			
	b	Less: accumulated depreciation	10b	1,052,847,063	813,301,978	10c	855,148,718
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		22,676,735	13	23,662,007	
	14	Intangible assets		92,068	14	28,430	
	15	Other assets. See Part IV, line 11		6,651,591	15	6,622,989	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,075,214,972	16	1,139,677,829		
Liabilities	17	Accounts payable and accrued expenses		134,144,277	17	129,272,074	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,113,258	23	772,649	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		23,981,638	25	24,132,218	
	26	Total liabilities. Add lines 17 through 25		159,239,173	26	154,176,941	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		915,975,799	27	985,500,888	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		915,975,799	33	985,500,888		
34	Total liabilities and net assets/fund balances		1,075,214,972	34	1,139,677,829		

Part XI Reconciliation of Net AssetsCheck 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	2,101,135,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,999,842,919
3	Revenue less expenses Subtract line 2 from line 1	3	101,292,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	915,975,799
5	Net unrealized gains (losses) on investments	5	8,082,168
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	-39,849,627
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	985,500,888

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

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			
MARK MEDFORD BOARD CHAIRMAN	0 00 9 00	X		X				0	0	0
LARRY BRYAN BOARD VICE CHAIRMAN	0 00 9 00	X		X				0	0	0
HARRY GOLDSMITH BOARD SECRETARY	0 00 4 00	X		X				0	0	0
ALAN GRAF JR BOARD MEMBER	0 00 2 00	X						0	0	0
DAVID BECKLEY BOARD MEMBER	0 00 4 00	X						0	0	0
CAROLYN HARDY BOARD MEMBER	0 00 4 00	X						0	0	0
JACKSON MOORE BOARD MEMBER (TERM ENDED)	0 00 7 00	X						0	0	0
BILLY ORGEL BOARD MEMBER	0 00 5 00	X						0	0	0
DENISE WOOD BOARD MEMBER	0 00 5 00	X						0	0	0
GEORGE CATES BOARD MEMBER	0 00 8 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			
DAVID LEGGET MD BOARD MEMBER	0 00 2 00	X						0	0	0
HOLLIS HALFORD MD BOARD MEMBER	0 00 6 00	X						0	0	0
BISHOP BILL MCALILLY BOARD MEMBER	0 00 3 00	X						0	0	0
BISHOP GARY MUELLER BOARD MEMBER	0 00 3 00	X						0	0	0
STEVE SCHWAB MD BOARD MEMBER	0 00 4 00	X						0	0	0
DAVID STERN MD BOARD MEMBER	0 00 4 00	X						0	0	0
BISHOP JAMES E SWANSON SR BOARD MEMBER	0 00 3 00	X						0	0	0
CARTER TOWNE MD BOARD MEMBER	0 00 4 00	X						0	0	0
RAMI KHOUZAM MD BOARD MEMBER	0 00 2 00	X						0	0	0
HAROLD FORD JR BOARD MEMBER	0 00 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
JOHNNY MOORE BOARD MEMBER	0 00 2 00	X						0	0	0
DAVID RUDD BOARD MEMBER	0 00 2 00	X						0	0	0
FLOYD TYLER BOARD MEMBER	0 00 2 00	X						0	0	0
MICHAEL UGWUEKE PRESIDENT/CEO	2 00 48 00	X		X				0	1,150,168	491,050
GARY SHORB SENOIR ADVISOR TO PRESIDENT	2 00 48 00			X				0	1,221,519	57,414
CHRIS MCLEAN EVP/CHIEF ADMINISTRATIVE	2 00 48 00			X				0	986,817	188,856
DAVID BAYTOS SVP - MS	10 00 40 00			X				0	564,178	147,471
HARRY DURBIN SVP - F&H	2 00 48 00			X				0	174,253	43,391
CATO JOHNSON SVP - PUBLIC POLICY	2 00 48 00			X				0	441,387	52,996
MARK MCMATH SVP - CMIO	2 00 48 00			X				0	375,032	93,934

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	2 00 48 00			X				0	466,315	85,160
HUGH JONES III SVP - STRATEGIC PLANNING	2 00 48 00			X				0	378,527	104,210
CAROL ROSS-SPANG SVP - HUMAN RESOURCES	2 00 48 00			X				0	563,603	137,118
SUSAN THURMOND SVP - CHIEF QUALITY OFFICER	2 00 48 00			X				0	555,546	60,827
WILLIAM BREEN JR SVP - PHYSICIAN ALIGNMENT	2 00 48 00			X				0	497,030	91,922
LYNN FIELD VP - CHIEF LEGAL OFFICER	2 00 48 00			X				0	333,045	51,982
MITCH GRAVES SVP - PRESIDENT OF HEALTH CHOICE	2 00 48 00			X				0	561,482	210,179
WILLIAM KENLEY EVP - COMMUNITY HOSPITALS	2 00 48 00			X				0	669,477	277,955
CHARLES LANE SVP - ASSOCIATE CFO	2 00 48 00			X				0	365,349	102,678
MONICA WHARTON SVP - CHIEF LEGAL COUNSEL	2 00 48 00			X				0	128,688	30,936

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			
MERI ARMOUR SVP - CEO LE BONHEUR HOSPITAL	46 00 4 00			X				696,418	0	103,450
JEFF LIEBMAN SVP - CEO OF UNIVERSITY	48 00 2 00			X				373,916	0	25,307
DIANE RIDGWAY SVP - CEO OF GERMANTOWN	48 00 2 00			X				347,117	0	63,717
JAMES ROBINSON III SVP - CEO OF SOUTH	48 00 2 00			X				239,645	0	40,343
FLORENCE JONES SVP - CEO OF NORTH	48 00 2 00			X				337,496	0	44,500
ROBIN WOMEODU CMO - UNIVERSITY	40 00			X				345,092	0	88,063
WILLIAM MAY CMO - LE BONHEUR HOSPITAL	40 00			X				146,482	0	11,946
PAUL DOUTHITT CMO OF GERMANTOWN	40 00			X				440,419	0	29,840
CASSANDRA HOWARD VP/CHIEF MEDICAL OFFICER	40 00			X				202,569	0	22,573
KAREN HOPPER CMO OF NORTH	40 00			X				620,683	0	55,580

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			
CORBI MILLIGAN CMO OF SOUTH/NORTH	40 00			X				375,030	0	33,969
ANN BROWN VP - PRACTICE TRANSFORMATION	40 00			X				320,952	0	22,798
SHADWAN ALSAFWAH PHYSICIAN	40 00					X		1,076,080	0	1,530
JAMES EASON PHYSICIAN	40 00					X		1,724,057	0	20,258
EDMOND OWEN PHYSICIAN	40 00					X		1,236,114	0	34,115
STEVAN HIMMELSTEIN PHYSICIAN	40 00					X		1,475,550	0	41,745
MOHAMMAD ISMAIL PHYSICIAN	40 00					X		856,407	0	33,957

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number

62-0479367

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

efile GRAPHIC print - DO NOT PROCESS

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number
62-0479367

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		67,323,309		67,323,309
b Buildings		743,598,986	413,215,801	330,383,185
c Leasehold improvements		94,024,022	64,320,044	29,703,978
d Equipment		897,657,417	575,311,218	322,346,199
e Other		105,392,047		105,392,047
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				855,148,718

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
MINORITY INTEREST IN SUBSIDIARIES	2,263,596
OTHER LIABILITIES	2,020,486
NET DUE TO AFFILIATES	19,848,136
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	24,132,218

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	1,858,076,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	8,082,168
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	54,088
e	Add lines 2a through 2d	2e	8,136,256
3	Subtract line 2e from line 1	3	1,849,940,127
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	251,195,340
c	Add lines 4a and 4b	4c	251,195,340
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,101,135,467

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	1,788,551,294
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	54,088
e	Add lines 2a through 2d	2e	54,088
3	Subtract line 2e from line 1	3	1,788,497,206
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	211,345,713
c	Add lines 4a and 4b	4c	211,345,713
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,999,842,919

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 54,088

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 211,345,713 EQUITY TRANSFER TO AFFILIATES 39,849,627

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 54,088

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 211,345,713

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

METHODIST HEALTHCARE - MEMPHIS HOSPITALS

62-0479367

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

No

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			84,557,766	82,910	84,474,856	4 720 %
b Medicaid (from Worksheet 3, column a)			419,009,290	323,650,477	95,358,813	5 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			4,428,273	2,479,864	1,948,409	0 110 %
d Total Financial Assistance and Means-Tested Government Programs			507,995,329	326,213,251	181,782,078	10 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,411,937	52,432	2,359,505	0 130 %
f Health professions education (from Worksheet 5)			46,559,625	15,307,289	31,252,336	1 750 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,064,632		6,064,632	0 340 %
j Total. Other Benefits			55,036,194	15,359,721	39,676,473	2 220 %
k Total. Add lines 7d and 7j			563,031,523	341,572,972	221,458,551	12 380 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,025,845		1,025,845	0.060 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,887,768		1,887,768	0.110 %
9 Other						
10 Total			2,913,613		2,913,613	0.170 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	41,455,709	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	20,727,855	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	396,722,416
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	464,667,195
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-67,944,779
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b		No

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 NORTH SURGERY CENTER LP	OUTPATIENT SURGERY	56.500 %		43.500 %
2 2 METHODIST SURGERY CENTER - GERMANTOWN LP	OUTPATIENT SURGERY	55.000 %		45.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

5

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>WWW.METHODISTHEALTH.ORG/ABOUT-US/</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>WWW.METHODISTHEALTH.ORG/ABOUT-US/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 000000000000 % and FPG family income limit for eligibility for discounted care of %			
b	☒ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☒ Medical indigency			
e	☐ Insurance status			
f	☒ Underinsurance discount			
g	☒ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☒ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	☒ The FAP was widely available on a website (list url) WWW.METHODISTHEALTH.ORG/FINANCIAL-ASSISTANCE/			
b	☒ The FAP application form was widely available on a website (list url) WWW.METHODISTHEALTH.ORG/FINANCIAL-ASSISTANCE/			
c	☒ A plain language summary of the FAP was widely available on a website (list url) WWW.METHODISTHEALTH.ORG/FINANCIAL-ASSISTANCE/			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? **88**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	WORKSHEET 2 OF THE 2017 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO THAT WAS USED TO CALCULATE CHARITY CARE, UNREIMBURSED MEDICAID, AND OTHER MEANS-TESTED PROGRAM SHORTFALLS AT COST

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT ON FORM 990, PART IX, LINE 25 CONTAINS A BAD DEBT EXPENSE OF \$ 211,345,713 THAT HAS BEEN REMOVED FOR PURPOSES OF CALCULATING PERCENT OF TOTAL EXPENSE ON SCHEDULE H, PART I, LINE 7, COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBTS, ACCOUNTS RECEIVABLE, OR ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WORKSHEET 2 OF THE 2017 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO THAT WAS USED TO CONVERT BAD DEBT TO APPROXIMATE COST WHEN A PORTION OF PATIENT CHARGES BECOME PATIENT RESPONSIBILITY, THE AMOUNT IS WRITTEN OFF TO BAD DEBTS AND THEN SENT TO OUR COLLECTION GROUP ANY PAYMENTS RECOUPED BY OUR COLLECTIONS GROUP ARE THEN APPLIED AGAINST THE BAD DEBT EXPENSE IT IS OUR ESTIMATION BASED ON HISTORICAL EXPERIENCE THAT ABOUT 50% OF THE REMAINING PORTION OF BAD DEBTS (AFTER RECOVERIES) COULD BE APPLICABLE TO PATIENTS WHO, ON ADDITIONAL REVIEW AND PROVIDING ALL RELEVANT INFORMATION, WOULD QUALIFY FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	METHODIST HEALTHCARE FORMED A MULTIDISCIPLINARY TEAM TO CONDUCT THE 2016 CHNA. THIS TEAM USED A VARIETY OF DATA TO ENSURE THE ASSESSMENT PROCESS WAS AS ACCURATE AND COMPREHENSIVE AS POSSIBLE. THIS INCLUDED PRIMARY DATA, LIKE FOCUS GROUPS AND INFORMAL INTERVIEWS WITH COMMUNITY MEMBERS AND KEY STAKEHOLDERS, AS WELL AS SECONDARY DATA, SUCH AS PUBLIC HEALTH INFORMATION AND OUR OWN INTERNAL FIGURES. THE PRIMARY DATA WAS ASSESSED FOR THEMES, WHILE THE SECONDARY DATA WAS ANALYZED TO DETERMINE HOW OUR COMMUNITY COMPARED TO PEER COUNTIES (I.E., SIMILAR OUTCOMES IN MORBIDITY AND MORTALITY, AND SIMILAR DRIVERS OF HEALTH, SUCH AS SOCIAL/ECONOMIC FACTORS, PHYSICAL ENVIRONMENT, HEALTH BEHAVIORS, AND CLINICAL ACCESS). USING HEALTHY PEOPLE 2020 AS A FRAMEWORK, WE SOUGHT TO ANSWER THE QUESTION: WHAT ARE THE HEALTH NEEDS OF OUR COMMUNITY? A HEALTH NEED WAS IDENTIFIED WHERE THESE TWO CRITERIA WERE MET: 1) IT WAS A THEME AMONG THE PRIMARY DATA, AND 2) RELATED SECONDARY DATA COMPARED UNFAVORABLY TO OTHER COMMUNITIES. ADDITIONAL INFORMATION, LIKE HEALTH DISPARITY, SEVERITY, AND NUMBER AFFECTED, WAS ALSO INCORPORATED WHERE AVAILABLE. ADDITIONALLY, WE CONSIDERED WHETHER OUR SYSTEM HAD THE ABILITY TO IMPACT THE IDENTIFIED NEED, WHICH FURTHER ENABLED US TO PRIORITIZE OUR RESULTS. TO DO THIS, WE TOOK INTO ACCOUNT MANY FACTORS, SUCH AS WHETHER WE ALREADY OFFER SERVICES TO ADDRESS THE NEED, OUR ABILITY TO BUILD UPON EXISTING INITIATIVES, AND ANY PARTNERS WITH WHOM COLLABORATION WOULD BE POSSIBLE. USING THIS METHODOLOGY MEANT THE PRIORITIZED NEEDS HAVE THE FOLLOWING CHARACTERISTICS: 1. IT'S CONSIDERED BY OUR COMMUNITY TO BE A SIGNIFICANT HEALTH NEED. 2. IT'S A HEALTH NEED IN WHICH, BASED ON A COLLECTION OF KEY INDICATORS IDENTIFIED BY PUBLIC HEALTH EXPERTS, OUR COMMUNITY COMPARES UNFAVORABLY TO SIMILAR COMMUNITIES AS WELL AS NATIONAL AND STATE BENCHMARKS. 3. HEALTH DISPARITIES, PARTICULARLY RACIAL DISPARITIES, EXIST WITHIN THIS HEALTH NEED. 4. COMPARED TO OTHER HEALTH NEEDS, MORE PEOPLE ARE AFFECTED BY THIS HEALTH NEED (E.G., PREVALENCE), AND/OR THEY ARE AFFECTED MORE SEVERELY (E.G., MORTALITY). 5. MLH HAS THE ABILITY TO IMPACT THE HEALTH NEED.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	METHODIST HEALTHCARE MEMPHIS HOSPITALS WAS FOUNDED BY THE MEMPHIS, ARKANSAS, AND MISSISSIPPI CONFERENCES OF THE UNITED METHODIST CHURCH TO SERVE A POPULATION OF ABOUT 1 25 MILLION PEOPLE WE SERVE A BROAD CROSS SECTION OF OUR COMMUNITY, REACHING MANY DISADVANTAGED AREAS PATIENTS FROM AROUND THE COUNTRY AND ALL OVER THE WORLD FIND THEIR WAY TO US FOR CARE, BUT FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WE IDENTIFIED SHELBY COUNTY, TENNESSEE AND DESOTO COUNTY, MISSISSIPPI AS OUR PRIMARY SERVICE AREA THESE TWO COUNTIES MAKEUP MORE THAN 75 PERCENT OF INPATIENT DISCHARGES ACROSS OUR SYSTEM AND IS A REPRESENTATIVE SAMPLE OF OUR PATIENT POPULATION THE SERVICE AREA IS COMPRISED OF FORTY-EIGHT PERCENT MALES AND TWENTY-ONE PERCENT FEMALES OF CHILD-BEARING AGE, FORTY-EIGHT PERCENT AFRICAN AMERICANS, FORTY-TWO PERCENT WHITES, SIX PERCENT HISPANICS, AND FOUR PERCENT OTHER RACES/ETHNICITIES THE AVERAGE HOUSEHOLD INCOME IS \$66,530, AND 59 3 PERCENT OF THE POPULATION HAS AT LEAST SOME COLLEGE EDUCATION MHMH IS THE LARGEST TENNCARE/MEDICAID PROVIDER IN THE AREA, WITH APPROXIMATELY 13,000 INPATIENTS SERVED EACH YEAR LE BONHEUR CHILDREN'S HOSPITAL IS THE ONLY PEDIATRIC HOSPITAL IN THE REGION SERVING CHILDREN'S PRIMARY AND TERTIARY CARE NEEDS AS AN ACADEMIC MEDICAL CENTER, MHMH TRAINS HEALTH PROFESSIONALS AND FURNISHES SPECIALIZED HEALTHCARE SERVICES NOT OTHERWISE AVAILABLE IN THE REGION MHMH IS THE PRIMARY PRACTICE LOCATION FOR THE UNIVERSITY OF TENNESSEE SCHOOL OF MEDICINE THIS DISTINCTION, ALONG WITH THE ACCOMPANYING RESEARCH, BENEFITS THE ENTIRE METROPOLITAN COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 5	METHODIST LE BONHEUR HEALTHCARE WORKS DILIGENTLY THROUGHOUT OUR LOCAL COMMUNITIES TO INCREASE HEALTH AWARENESS AMONGST THE GENERAL PUBLIC. AS STATED IN OUR ORGANIZATION'S MISSION AND VALUES, IT IS OUR DEDICATION TO COMMUNITY SERVICE THAT DRIVES OUR CALL TO ACTION. OUR GOAL IS TO PROVIDE OUR NEIGHBORS WITH RESOURCES AND EDUCATION NECESSARY TO EFFECTIVELY COMBAT THE RISK FACTORS AND BEHAVIORS THAT POSE A CHALLENGE TO LIFE EXPECTANCY RATES WITHIN OUR REGION. OUR DEDICATION TO GIVING BACK INVOLVES A NUMBER OF MEASUREABLE PROGRAMS AND EVENTS THAT ARE ALL ALIGNED WITH OUR PRIMARY GOAL OF ALLOWING PEOPLE OF THE MID SOUTH TO LIVE THEIR BEST LIVES. OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENN CARE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICE AREA. OUR LOCATIONS ARE PLACED IN ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS, ALLOWING US TO PROVIDE ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY. OTHER ELEMENTS OF OUR COMMITMENT TO GIVING INCLUDE, OUR EDUCATIONAL SEMINARS THAT FOCUS ON TOPICS SUCH AS DIABETES PREVENTION AND MANAGEMENT, STROKE PREVENTION AND CARE, PEDIATRIC ASTHMA TRAINING, FIRST AID/ HANDS ONLY CPR TRAINING, AND MENTAL HEALTH AWARENESS, WHICH ARE OFFERED AT VARIOUS METHODIST HOSPITAL LOCATIONS. IN ADDITION TO THAT, OUR FACILITIES SERVE AS HOST TO A NUMBER OF SUPPORT GROUPS SUCH AS "MOMS", "DYNAMIC DADS", "GRIEF", AND SOCIAL SKILL DEVELOPMENT GROUPS. ALL OF WHICH SHARE A COMMON OBJECTIVE, TO SUPPLY THE PEOPLE OF OUR COMMUNITY WITH THE EMOTIONAL SUPPORT AND RESOURCES NEEDED TO OVERCOME LIFE STRESSORS. HEALTH FAIRS ARE HELD AT EACH OF OUR NORTH, SOUTH, GERMANTOWN, AND OLIVE BRANCH HOSPITALS ON AN ANNUAL BASIS, PROVIDING HEALTH SCREENINGS TO THE PUBLIC AND FOLLOW UP REFERRALS ARE PROVIDED AS NEEDED. ALL OF THESE SERVICES ARE PROVIDED AT NO COST TO THE COMMUNITY. IN ADDITION TO THAT, WE OUR ORGANIZATION ABSORBS COST ASSOCIATED WITH PROVIDING MEDICATIONS, DURABLE MEDICAL EQUIPMENT AND HOME HEALTH VISITS FOR MANY OF OUR INDIGENT PATIENTS. ALL IN EFFORTS OF ALLOWING THEM TO CONTINUE THEIR RECOVERY PROCESS POST DISCHARGE. OUR FACILITIES ABSORB THE COST OF TRANSPORTATION FOR MANY OF OUR PATIENTS BY CAB, BUS, OR AMBULANCE TO GET HOME AFTER DISCHARGE. MEDICAL EDUCATION AND RESEARCH-METHODIST SUPPORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER (UTHSC) FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL. THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST. THESE TRAINEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES. CHURCH HEALTH CENTER AS AN EARLY SUPPORTER OF THE CHURCH HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN ITS MISSION TO SERVE THE WORKING POOR. FROM ITS BEGINNINGS AS A PROJECT OF ST. JOHN'S UNITED METHODIST CHURCH AND OF DR. SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR. MMH HELPS SUPPORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE. LE BONHEUR COMMUNITY HEALTH & WELL-BEING. LE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY OUTREACH DIVISION WORKS TO EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS THROUGH A VARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION. SPIRIT OF FAITH AND HEALING PERVADES METHODIST LE BONHEUR HEALTHCARE. AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE HOW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH. THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM. WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS. TO THAT END, WE HAVE ENTERED INTO COVENANT RELATIONSHIPS WITH 500+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS. THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (COE) IS HOUSED IN RENOVATED SPACE AT METHODIST UNIVERSITY HOSPITAL. THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR THE IMPROVED WELL-BEING OF THOUSANDS OF PATIENTS. THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES. WE BELIEVE THAT THE COUPLING OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENTS, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND.

Form and Line Reference	Explanation
PART VI, LINE 5	OND THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A STATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUCATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBERS IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLOBE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CLERGY AND COMMUNITY HEALTH PARTNERS METHODIST PLACES A STRONG VALUE ON EDUCATION THROUGH THE MEMPHIS CITY ADOPT-A-SCHOOL PROGRAM, MLH ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - PROVIDE FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS IN KIND GOODS AND SERVICES MHHM ASSOCIATES DONATED THOUSANDS OF HOURS TO MANY COMMUNITY GROUPS BY SERVING ON NUMEROUS BOARDS AND COMMITTEES, INCLUDING HEALTHY SHELBY COUNTY, COMMONTABLE HEALTH ALLIANCE, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, ITN MEMPHIS, METRO CARE, HEALTH CHOICE, TN CARE MEDICAL CARE ADVISORY, ISCT, CONCORD NURSING PROGRAM ADVISORY BOARD, SC COLLEGE OF NURSING ADVISORY COMMITTEE, NATIONAL ARTHRITIS FOUNDATION, GIFT OF LIFE MIDSOUTH, TENNESSEE NURSES ASSOCIATION, NWTN HEADS TRAT HEALTH ADVISORY COMMITTEE, SHELBY COUNTY BREASTFEEDING COALITION, PROMISE OF NURSING FOR TN, TN PUBLIC HEALTH ASSOCIATION, AMERICAN LIVER FOUNDATION, CYNTHIA MILK FUND, YMCA, OVERTON PARK CONSERVANCY, TENNESSEE BUSINESS ROUNDTABLE, COMMUNITY ALLIANCE FOR THE HOMELESS, CENTER OF YOUTH MINISTRY TRAINING, UNITED METHODIST NEIGHBORHOOD CENTERS, BOYS & GIRLS CLUB, GREATER MEMPHIS CHAMBER OF COMMERCE, SOULSVILLE FOUNDATION, AMERICAN HEART ASSOCIATION, MARCH OF DIMES, CARL PERKINS CENTER FOR THE PREVENTION OF CHILD ABUSE, SAFE KIDS, BLUFF CITY MEDICAL SOCIETY, MEMPHIS AND MIDSOUTH PEDIATRIC ASSOCIATION, CYSTIC FIBROSIS FOUNDATION, MAKE A WISH FOUNDATION MIDSOUTH, MELANOMA RESEARCH FOUNDATION, RED CROSS, NATIONAL CIVIL RIGHTS MUSEUM, JUVENILE DIABETES FOUNDATION, NEW MEMPHIS INSTITUTE, MID SOUTH MINORITY BUSINESS COUNCIL, APRIL 4 FOUNDATION, GIRLS INC , WOMEN FOUNDATION FOR GREATER MEMPHIS, MEMPHIS MUSEUMS INC MEMPHIS BRANCH NAACP, 100 BLACK MEN OF MEMPHIS INC , MEMPHIS COMMITTEE FOR ECONOMIC DEVELOPMENT, MEMPHIS THEOLOGICAL SEMINARY, MEMPHIS TOMORROW, MEMPHIS CHILD ADVOCACY CENTER, EXCHANGE CLUB CARL PERKINS CENTER, NATIONAL KIDNEY FOUNDATION, GIFT OF LIFE MIDSOUTH, PEOPLE FIRST, CITY OF MEMPHIS IT STEERING, CHILDREN'S HOSPITAL ASSOCIATION, NEW LEADERS ADVISORY BOARD, IDLEWILD CHILDREN'S CENTER, FIRE MUSEUM OF MEMPHIS, REGIONAL INTERFAITH SOUP KITCHEN, A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES OF NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	METHODIST HEALTHCARE - MEMPHIS HOSPITALS, THE FILING ORGANIZATION, IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, METHODIST LE BONHEUR HEALTHCARE (MLH) ALTHOUGH THIS FORM 990 ONLY INCLUDES THE CHARITY CARE AND COMMUNITY BENEFIT OF THIS ORGANIZATION, MLH INCLUDES THE FOLLOWING ENTITIES THAT ALSO PROVIDE CHARITY CARE AND COMMUNITY BENEFIT - ALLIANCE HEALTH SERVICES, INC - METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES - METHODIST HEALTHCARE - OLIVE BRANCH HOSPITAL IN ADDITION, METHODIST HEALTHCARE FOUNDATION AND LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION PROVIDE VALUABLE FINANCIAL SUPPORT TO THE OPERATIONS OF THE GROUP, ALLOWING IT TO PURSUE RESEARCH AND CONSTRUCTION PROJECTS TO PROVIDE ADDITIONAL BENEFITS TO THE COMMUNITY MLH OPERATES HOSPITALS, CLINICS, URGENT CARE CENTERS, AMBULATORY SURGERY CENTERS, AND OTHER NON-HOSPITAL FACILITIES THAT PROVIDED OVER \$221 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT DURING THE YEAR METHODIST HEALTHCARE - MEMPHIS HOSPITALS ALSO HAS A TEACHING AND RESEARCH AFFILIATION WITH THE UNIVERSITY OF TENNESSEE THE UNIVERSITY HAS A CLINICAL REACH THAT EXTENDS BEYOND THE LOCAL SERVICE AREA, PROVIDING HIGHLY SPECIALIZED SERVICES THAT ATTRACT PATIENTS FROM A MULTI-STATE SERVICE AREA MHMH HAD OVER 303 MEDICAL INTERNS AND RESIDENTS THAT TRAINED IN OUR FACILITIES DURING THE YEAR

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

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Name: METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5											
1	METHODIST UNIVERSITY HOSPITAL 1265 UNION AVE MEMPHIS, TN 38104	X	X		X		X	X			A
2	METHODIST LE BONHEUR GERMANTOWN HOSPITAL 7691 POPLAR AVE GERMANTOWN, TN 38138	X	X					X			A
3	LE BONHEUR CHILDREN'S HOSPITAL 848 ADAMS STREET MEMPHIS, TN 38103	X	X	X	X		X	X			A
4	METHODIST NORTH HOSPITAL 3960 NEW COVINGTON PIKE MEMPHIS, TN 38128	X	X					X			A
5	METHODIST SOUTH HOSPITAL 1300 WESLEY DR MEMPHIS, TN 38116	X	X					X			A

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

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

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

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 5	MLH ENGAGED SERVICE-AREA COMMUNITY ORGANIZATIONS AND LEADERS VIA A COMBINATION OF FOCUS GROUPS AND STAKEHOLDER INTERVIEWS TO COMPLETE A THOROUGH CHNA ORGANIZATIONS AND LEADERS IDENTIFIED ARE STAKEHOLDERS IN THE HEALTH OF THE COMMUNITY THE MLH CHNA INCORPORATED DATA AND INPUT FROM THE FOLLOWING CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, MEMPHIS CHILD ADVOCACY CENTER, MEMPHIS HEALTH CENTER, PORTER LEATH, SHELBY COUNTY HEALTH DEPARTMENT, SHELBY COUNTY SCHOOLS, UNITED WAY OF THE MID-SOUTH, THE UNIVERSITY OF MEMPHIS, THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, AS WELL AS LOCAL BUSINESS LEADERS, MLH AND WEST ASSOCIATES, LEADERSHIP, AND PHYSICIANS AND OUR PATIENT AND FAMILY PARTNERS
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 6A	METHODIST UNIVERSITY HOSPITAL, METHODIST SOUTH HOSPITAL, METHODIST NORTH HOSPITAL, METHODIST LE BONHEUR GERMANTOWN HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST OLIVE BRANCH HOSPITAL

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11	MLH DEVELOPED HOSPITAL-SPECIFIC IMPLEMENTATION PLANS EACH FACILITY'S IMPLEMENTATION PLAN WAS DESIGNED TO BE SYSTEM-MINDED AND FOCUSED ON ADDRESSING THE IDENTIFIED COMMUNITY HEALTH NEEDS (I E , MATERNAL INFANT & CHILD HEALTH, ACCESS TO HEALTH SERVICES, CANCER, AND CARDIOVASCULAR DISEASE & STROKE) PLANS ASSUME ALL HOSPITAL FACILITIES WILL WORK TOGETHER IN ADDRESSING NEEDS, AND DOES NOT INCLUDE AN EXHAUSTIVE LIST OF CURRENT COMMUNITY HEALTH INITIATIVES THE "SIGNATURE INITIATIVES" ADDRESSED WITHIN THIS PLAN ARE SPECIFIC PROGRAMS OF FOCUS WHICH WILL BE USED TO MEASURE PROGRESS OF HOW THIS SYSTEM IS WORKING TO ADDRESS THE NEEDS OF THE COMMUNITY
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 13B	THE ORGANIZATION USES TWO DIFFERENT METHODS FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE BASED ON WHETHER THE PATIENT SUBMITS A FINANCIAL ASSISTANCE POLICY (FAP) IF THE PATIENT SUBMITS A FAP APPLICATION -A TEAM OF FINANCIAL ASSISTANCE REPRESENTATIVES REVIEWS THE APPLICATION TO DETERMINE IF THEY QUALIFY FOR FEDERAL ASSISTANCE SUCH AS FOOD STAMPS OR WELFARE IF SO, THE PATIENT RECEIVES A 100% WRITE OFF - IF THE PATIENT DOES NOT QUALIFY FOR FEDERAL ASSISTANCE, THE TEAM DETERMINES THE AMOUNT OF DISCOUNT BASED ON INCOME WITHIN THE FEDERAL POVERTY GUIDELINES AND THE NUMBER OF DEPENDENTS THE LEVEL OF DISCOUNT THEN RANGES FROM 70%, OR 90% UP TO 100% DISCOUNT IF THE PATIENT DOES NOT SUBMIT A FAP APPLICATION THE ORGANIZATION SENDS THE ACCOUNT TO A VENDOR TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FINANCIAL ASSISTANCE AT A 100% WRITE OFF THE ACCOUNT MUST PASS ALL OF THE FOLLOWING TESTS IN ORDER TO RECEIVE A 100% WRITE OFF ALL OTHER ACCOUNTS SIMPLY RECEIVE ONLY THE 60% DISCOUNT THE VENDOR USES THE FOLLOWING CRITERIA TO DETERMINE IF THE ACCOUNT QUALIFIES FOR FREE CARE -NO CREDIT AVAILABLE-NO PRESENCE OF A MORTGAGE-NO FINANCIAL ASSISTANT DENIALS IN THE SYSTEM-NO INSURANCE PAYMENTS OR ADJUSTMENTS IN THE SYSTEM-THE PATIENT MUST RESIDE IN THE UNITED METHODIST HEALTHCARE CATCHMENT AREAS-THE ACCOUNT IS NOT BEING REVIEWED FOR MEDICAID OR MEDICARE-THE PATIENT ACCOUNT IS NOT IN REVIEW FOR LEGAL, BANKRUPTCY, TPL,DECEASED, OR PAYMENT DISPOSITIONS

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 15E	IN ADDITION, THE ORGANIZATION EXPLAINS THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE DURING ADMISSION AND DURING THE PRE-SCREENING PROCESS AFTER DISCHARGE
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 16J	IN ADDITION, THE ORGANIZATION ATTACHES THE FINANCIAL ASSISTANCE POLICY TO FIRST NOTICE LETTERS FOR ALL UNINSURED PATIENTS A LINK IS INCLUDED ON THE NOTICE INSTRUCTING APPLICANTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR HOW TO RECEIVE THE APPLICATION

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

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

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

Name and address	Type of Facility (describe)
1 1 - WEST CANCER CENTER 100 N HUMPHREYS BLVD MEMPHIS, TN 38120	CANCER TREATMENT CENTERS
1 2 - WEST CANCER CENTER - MIDTOWN 1588 UNION AVE MEMPHIS, TN 38104	CANCER TREATMENT CENTERS
2 3 - WEST CANCER CENTER - SOUTHAVEN 7668 AIRWAYS BLVD SOUTHAVEN, MS 38671	CANCER TREATMENT CENTERS
3 4 - SUTHERLAND CARDIOLOGY CLINIC 7460 WOLF RIVER BLVD GERMANTOWN, TN 38138	SPECIALISTS
4 5 - UT METHODIST PHYSICIANS CARDIOLOGY - 1211 1211 UNION AVENUE SUITE 965 MEMPHIS, TN 38104	SPECIALISTS
5 6 - METHODIST GERMANTOWN RADIATION ONCOLOGY CE 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	CANCER TREATMENT CENTERS
6 7 - WEST CANCER CENTER 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	CANCER TREATMENT CENTERS
7 8 - METHODIST MEDICAL GROUP - 3725 CHAMPION HI 3725 CHAMPION HILLS DR 2000 MEMPHIS, TN 38125	MYMD CLINICS
8 9 - METHODIST DIAGNOSTIC CENTER - MIDTOWN 1801 UNION AVENUE MEMPHIS, TN 38104	IMAGING & DIAGNOSTIC CENTER
9 10 - METHODIST MEDICAL GROUP - 8115 COUNTRY VIL 8115 COUNTRY VILLAGE CORDOVA, TN 38016	MYMD CLINICS
10 11 - WEST CANCER CENTER - BRIGHTON 240 GRANDVIEW DR BRIGHTON, TN 38011	CANCER TREATMENT CENTERS
11 12 - MARGARET WEST COMPREHENSIVE BREAST CENTER 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	IMAGING & DIAGNOSTIC CENTER
12 13 - UT METHODIST PHYSICIANS CARDIOLOGY - 900 N 900 N 7TH STREET WEST MEMPHIS, AR 72301	SPECIALISTS
13 14 - OB-GYN SPECIALISTS 6401 POPLAR AVE 530 MEMPHIS, TN 38119	SPECIALISTS
14 15 - METHODIST MEDICAL GROUP - 6570 SUMMER OAKS 6570 SUMMER OAKS COVE BARTLETT, TN 38134	MYMD CLINICS

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

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

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

Name and address	Type of Facility (describe)
16 16 - METHODIST MEDICAL GROUP - 1533 UNION 1533 UNION AVE MEMPHIS, TN 38104	MYMD CLINICS
1 17 - METHODIST MEDICAL GROUP - 9047 POPLAR 9047 POPLAR AVE 105 GERMANTOWN, TN 38138	MYMD CLINICS
2 18 - METHODIST MEDICAL GROUP - 1325 EASTMORELAN 1325 EASTMORELAND 150 MEMPHIS, TN 38104	MYMD CLINICS
3 19 - URGENT CARE (LE BONHEUR) - MEMPHIS 8071 WINCHESTER RD MEMPHIS, TN 38125	MINOR MEDICAL CENTER
4 20 - METHODIST MEDICAL GROUP - 6401 POPLAR STE 6401 POPLAR AVE 400 MEMPHIS, TN 38119	MYMD CLINICS
5 21 - UT METHODIST PHYSICIANS TRANSPLANT 1265 UNION AVENUE SHERARD WING 1ST FLOOR MEMPHIS, TN 38104	SPECIALISTS
6 22 - METHODIST MEDICAL GROUP - 3590 NEW COVINGT 3950 NEW COVINGTON PIKE 110 MEMPHIS, TN 38128	MYMD CLINICS
7 23 - METHODIST MEDICAL GROUP - 1325 EASTMORELAN 1325 EASTMORELAND AVENUE SUITE 245 MEMPHIS, TN 38104	MYMD CLINICS
8 24 - UT METHODIST PHYSICIANS - PRIMARY CARE 57 GERMANTOWN COURT SUITE 100 MEMPHIS, TN 38018	MYMD CLINICS
9 25 - METHODIST MEDICAL GROUP - 5182 SANDERLIN 5182 SANDERLIN 3 MEMPHIS, TN 38117	MYMD CLINICS
10 26 - METHODIST DIAGNOSTIC CENTER - GERMANTOWN 1377 S GERMANTOWN RD GERMANTOWN, TN 38138	IMAGING & DIAGNOSTIC CENTER
11 27 - METHODIST MEDICAL GROUP - 1880 OLD HWY 51 1880 OLD HIGHWAY 51 S SUITE C BRIGHTON, TN 38011	MYMD CLINICS
12 28 - METHODIST MEDICAL GROUP - 303 BANCARIO 303 BANCARIO RD SUITE 1 MARION, AR 72364	MYMD CLINICS
13 29 - METHODIST MEDICAL GROUP - 7690 WOLF RIVER 7690 WOLF RIVER CIRCLE GERMANTOWN, TN 38138	MYMD CLINICS
14 30 - METHODIST MEDICAL GROUP - 3789 COVINGTON P 3789 COVINGTON PIKE BARTLETT, TN 38135	MYMD CLINICS

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

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

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

Name and address	Type of Facility (describe)
31 31 - METHODIST MEDICAL GROUP - 7550 WOLF RIVER 7550 WOLF RIVER BLVD 103 GERMANTOWN, TN 38138	MYMD CLINICS
1 32 - METHODIST DIAGNOSTIC CENTER - NORTH 3950 NEW COVINGTON PIKE SUITE 115 MEMPHIS, TN 38128	IMAGING & DIAGNOSTIC CENTER
2 33 - METHODIST MEDICAL GROUP - 76 CAPITAL WAY 76 CAPITAL WAY COVE SUITE C ATOKA, TN 38004	MYMD CLINICS
3 34 - METHODIST MEDICAL GROUP - RHEUMATOLOGY 1211 UNION STE 200 MEMPHIS, TN 38104	SPECIALISTS
4 35 - METHODIST MEDICAL GROUP - 2589 APPLING 2589 APPLING RD 101 BARTLETT, TN 38133	MYMD CLINICS
5 36 - METHODIST MEDICAL GROUP - 2961 CANADA 2961 CANADA RD 105 LAKELAND, TN 38002	MYMD CLINICS
6 37 - METHODIST MEDICAL GROUP - 1264 WESLEY STE 1264 WESLEY DR 606 MEMPHIS, TN 38116	MYMD CLINICS
7 38 - METHODIST MEDICAL GROUP - 7796 WOLF TRAIL 7796 WOLF TRAIL CV 201 GERMANTOWN, TN 38138	MYMD CLINICS
8 39 - SOUTH WOUND HEALING CENTER 1251 WESLEY DR 107 MEMPHIS, TN 38116	WOUND HEALING CENTER
9 40 - MARGARET WEST COMPREHENSIVE BREAST CENTER 1801 UNION AVE MEMPHIS, TN 38104	IMAGING & DIAGNOSTIC CENTER
10 41 - MARGARET WEST SCREENING BREAST CENTER 1381 S GERMANTOWN RD GERMANTOWN, TN 38138	IMAGING & DIAGNOSTIC CENTER
11 42 - UT METHODIST PHYSICIANS SURGICAL ONCOLOGY 7945 WOLF RIVER BOULEVARD SUITE 280 GERMANTOWN, TN 38138	SPECIALISTS
12 43 - NORTH WOUND HEALING CENTER 3950 NEW COVINGTON PIKE SUITE 350 MEMPHIS, TN 38128	WOUND HEALING CENTER
13 44 - METHODIST MEDICAL GROUP - 3473 POPLAR 3473 POPLAR AVE 103 MEMPHIS, TN 38111	MYMD CLINICS
14 45 - METHODIST SLEEP DISORDERS CENTER 5050 POPLAR AVE 300 MEMPHIS, TN 38157	SLEEP DISORDER CENTER

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

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

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

Name and address	Type of Facility (describe)
46 46 - METHODIST MEDICAL GROUP - 7655 POPLAR 7655 POPLAR AVENUE SUITE 140 GERMANTOWN, TN 38138	MYMD CLINICS
1 47 - METHODIST MEDICAL GROUP - GENERAL SURGERY 7705 POPLAR AVENUE BLDG B SUITE 310 GERMANTOWN, TN 38138	SPECIALISTS
2 48 - METHODIST UNIVERSITY SPECIALTY CLINIC 1325 EASTMORELAND 101 MEMPHIS, TN 38104	MYMD CLINICS
3 49 - MEMPHIS SHOULDER AND ORTHOPEDIC SURGERY 1264 WESLEY DR 302 MEMPHIS, TN 38116	SPECIALISTS
4 50 - UT METHODIST PHYSICIANS HEAD & NECK SURGER 7945 WOLF RIVER BOULEVARD SUITE 220 GERMANTOWN, TN 38138	SPECIALISTS
5 51 - UT METHODIST PHYSICIANS VASCULAR SURGERY - 1325 EASTMORELAND AVENUE SUITE 310 MEMPHIS, TN 38104	SPECIALISTS
6 52 - WEST CANCER CENTER - COLLIERVILLE 1500 W POPLAR AVE 304 COLLIERVILLE, TN 38017	CANCER TREATMENT CENTERS
7 53 - SOUTHWIND ENDOSCOPY CENTER 3725 CHAMPION HILLS DR STE 2400 MEMPHIS, TN 38125	SPECIALISTS
8 54 - METHODIST MEDICAL GROUP - ENDOCRINOLOGY 6401 POPLAR AVE SUITE 400 MEMPHIS, TN 38119	SPECIALISTS
9 55 - IAN GAILLARD MD 3725 CHAMPION HILLS DRIVE SUITE 2000 MEMPHIS, TN 38125	SPECIALISTS
10 56 - UT METHODIST PHYSICIANS HEAD & NECK SURGER 1211 UNION AVENUE SUITE 300 MEMPHIS, TN 38104	SPECIALISTS
11 57 - UT METHODIST PHYSICIANS HEAD & NECK SURGER 1325 EASTMORELAND SUITE 260 MEMPHIS, TN 38104	SPECIALISTS
12 58 - UT METHODIST PHYSICIANS ENDOCRINOLOGY - 12 1251 WESLEY DRIVE SUITE 151 MEMPHIS, TN 38116	SPECIALISTS
13 59 - LE BONHEUR CHILDREN'S OUTPATIENT CENTER EA 100 N HUMPHREYS BLVD MEMPHIS, TN 38120	IMAGING & DIAGNOSTIC CENTER
14 60 - UT METHODIST PHYSICIANS GASTROENTEROLOGY - 1325 EASTMORELAND AVENUE SUITE 370 MEMPHIS, TN 38104	SPECIALISTS

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

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

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

Name and address	Type of Facility (describe)
61 61 - UT METHODIST PHYSICIANS ENDOCRINOLOGY - 13 1325 EASTMORELAND AVENUE SUITE 370 MEMPHIS, TN 38104	SPECIALISTS
1 62 - UT METHODIST PHYSICIANS SURGICAL ONCOLOGY 1211 UNION AVENUE SUITE 300 MEMPHIS, TN 38104	SPECIALISTS
2 63 - SUTHERLAND CARDIOLOGY CLINIC 1211 UNION AVE SUITE 200 MEMPHIS, TN 38104	SPECIALISTS
3 64 - THADDEUS GAILLARD MD 7900 AIRWAYS BLDG B 101 SOUTHAVEN, MS 38671	SPECIALISTS
4 65 - METHODIST MEDICAL GROUP - GENERAL SURGERY 3950 NEW COVINGTON PIKE SUITE 200 MEMPHIS, TN 38128	SPECIALISTS
5 66 - WOMENS HEALTH & WELLNESS CENTER 1251 WESLEY DRIVE SUITE 100 MEMPHIS, TN 38116	SPECIALISTS
6 67 - METHODIST MEDICAL GROUP - GENERAL SURGERY 1264 WESLEY DR 304 MEMPHIS, TN 38116	SPECIALISTS
7 68 - UT METHODIST PHYSICIANS INFECTIOUS DISEASE 1325 EASTMORELAND AVENUE SUITE 370 MEMPHIS, TN 38104	SPECIALISTS
8 69 - UT METHODIST PHYSICIANS ENDOCRINOLOGY - 57 57 GERMANTOWN COURT SUITE 100 MEMPHIS, TN 38108	SPECIALISTS
9 70 - UT METHODIST PHYSICIANS PULMONOLOGY 1325 EASTMORELAND AVENUE SUITE 370 MEMPHIS, TN 38104	SPECIALISTS
10 71 - UT METHODIST PHYSICIANS GASTROENTEROLOGY - 57 GERMANTOWN COURT SUITE 100 MEMPHIS, TN 38108	SPECIALISTS
11 72 - UT METHODIST PHYSICIANS THORACIC SURGERY - 1211 UNION AVENUE SUITE 300 MEMPHIS, TN 38104	SPECIALISTS
12 73 - UT METHODIST PHYSICIANS GENERAL & MINIMALL 1325 EASTMORELAND AVENUE SUITE 370 MEMPHIS, TN 38104	SPECIALISTS
13 74 - UT METHODIST PHYSICIANS THORACIC SURGERY - 7945 WOLF RIVER BOULEVARD SUITE 280 GERMANTOWN, TN 38138	SPECIALISTS
14 75 - UT METHODIST PHYSICIANS CARDIOLOGY - 57 GE 57 GERMANTOWN COURT SUITE 100 MEMPHIS, TN 38108	SPECIALISTS

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
76 76 - METHODIST MEDICAL GROUP - CARDIOVASCULAR S 7655 POPLAR AVE SUITE 350 GERMANTOWN, TN 38138	SPECIALISTS
1 77 - METHODIST MEDICAL GROUP - CARDIOVASCULAR S 1325 EASTMORELAND AVE SUITE 365 MEMPHIS, TN 38104	SPECIALISTS
2 78 - UT METHODIST PHYSICIANS VASCULAR SURGERY - 7655 POPLAR AVENUE SUITE 240 GERMANTOWN, TN 38138	SPECIALISTS
3 79 - METHODIST MEDICAL GROUP - CARDIOVASCULAR S 3950 NEW COVINGTON PIKE SUITE 290 MEMPHIS, TN 38128	SPECIALISTS
4 80 - UT METHODIST PHYSICIANS INFECTIOUS DISEASE 57 GERMANTOWN COURT SUITE 100 MEMPHIS, TN 38108	SPECIALISTS
5 81 - ARRHYTHMIA CONSULTANTS PC 1211 UNION AVE SUITE 475 MEMPHIS, TN 38104	SPECIALISTS
6 82 - UT METHODIST PHYSICIANS NEUROLOGY 1325 EASTMORELAND AVENUE SUITE 370 MEMPHIS, TN 38104	SPECIALISTS
7 83 - WOLF RIVER SURGERY CENTER 1325 WOLF PARK DR 101 GERMANTOWN, TN 38138	SURGERY CENTER
8 84 - METHODIST COMPREHENSIVE SICKLE CELL CENTER 1325 EASTMORELAND SUITE 101 MEMPHIS, TN 38104	SICKLE CELL CENTER
9 85 - UT METHODIST PHYSICIANS THORACIC SURGERY - 7655 POPLAR AVENUE SUITE 240 GERMANTOWN, TN 38138	SPECIALISTS
10 86 - UT METHODIST PHYSICIANS GENERAL & MINIMALL 3950 NEW COVINGTON PIKE SUITE 350 MEMPHIS, TN 38128	SPECIALISTS
11 87 - UT METHODIST PHYSICIANS CARDIOLOGY - 3950 3950 NEW COVINGTON PIKE SUITE 220 MEMPHIS, TN 38128	SPECIALISTS
12 88 - UT METHODIST PHYSICIANS CARDIOLOGY - 1251 1251 WESLEY DRIVE SUITE 153 MEMPHIS, TN 38116	SPECIALISTS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
62-0479367

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TENNESSEE 2407 RIVER RUN DRIVE ROOM A102 KNOXVILLE, TN 37996	62-6001636	501(C)(3)	5,000,000				OPERATIONAL SUPPORT OF PHYSICIAN CLINICS AT MHM LOCATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶							1
3 Enter total number of other organizations listed in the line 1 table ▶							

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

- 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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Employer identification number

62-0479367

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes No

2 Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4a No

4b Yes

4c No

4 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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

a The organization?

5a No

b Any related organization?

5b No

If "Yes," on line 5a or 5b, describe in Part III.

6 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:

a The organization?

6a No

b Any related organization?

6b No

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7 Yes

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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.

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	NOTE THAT THE GOVERNING BODY OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS IDENTICAL TO THE GOVERNING BODY OF METHODIST LE BONHEUR HEALTHCARE, THE SOLE MEMBER AND CONTROLLING ORGANIZATION
PART I, LINE 4B	THE PURPOSE OF THE METHODIST LE BONHEUR HEALTHCARE CONSOLIDATED 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%, 15%, 25% 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 FOR THE YEAR INCLUDE THE FOLLOWING: \$212,503 MICHAEL UGWUEKE \$77,403 CHRISTOPHER MCLEAN \$42,502 MARK MCMATH \$41,952 NIKKI POLIS \$44,685 HUGH JONES III \$43,270 CAROL ROSS-SPANG \$41,592 WILLIAM BREEN JR. \$12,096 LYNN FIELD \$49,830 MITCH GRAVES \$66,512 WILLIAM KENLEY \$39,328 CHARLES LANE \$13,126 MONICA WHARTON \$30,617 DIANE RIDGWAY \$20,839 JAMES ROBINSON III \$19,351 ROBIN WOMEDU \$10,823 CASSANDRA HOWARD \$20,318 CORBI MILLIGAN. ALLOCATIONS TO THE SERP PLAN FOR THE YEAR INCLUDE THE FOLLOWING: \$27,633 CHRISTOPHER MCLEAN \$10,497 CAROL ROSS-SPANG. 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 FOR THE YEAR INCLUDE THE FOLLOWING: \$132,671 MICHAEL UGWUEKE \$183,347 CHRISTOPHER MCLEAN \$80,744 DAVID BAYTOS \$68,197 NIKKI POLIS \$125,147 CAROL ROSS-SPANG \$65,527 WILLIAM BREEN JR. \$44,227 LYNN FIELD \$53,899 MITCH GRAVES \$59,326 WILLIAM KENLEY \$21,481 CHARLES LANE \$17,384 ROBIN WOMEDU \$190,920 PAUL DOUTHITT \$337,400 KAREN HOPPER \$14,693 ANN BROWN. IN ADDITION, SEVERAL EXECUTIVES RECEIVED AN EXECUTIVE RETIREMENT LUMP SUM PAYOUT. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEAR'S FORM 990 AS REQUIRED. PAYOUTS FROM THE EXECUTIVE RETIREMENT PLAN FOR THE YEAR INCLUDE THE FOLLOWING: \$40,900 DAVID BAYTOS \$38,874 CATO JOHNSON \$47,128 SUSAN THURMOND \$59,412 MERI ARMOUR \$32,107 FLORENCE JONES \$14,892 ANN BROWN. THIS IS A ONE TIME DISCRETIONARY PAYMENT DUE TO THE 415 LIMITATIONS ON THE QUALIFIED RETIREMENT BENEFITS. IT SHOULD NOT BE CONSIDERED EARNINGS FOR 403B OR PENSION PURPOSES. (THIS DOES NOT REPRESENT PAYOUTS FROM THE EXECUTIVE RETIREMENT PLAN) \$454,000 GARY SHORB.
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 FOR THREE YEARS SUBJECT TO CONTINUED EMPLOYMENT (WITH A SUBSTANTIAL RISK OF FORFEITURE) TO ENCOURAGE RETENTION OF EXECUTIVES. AT THE AGE OF 64 AND HAVING 5 YEARS' SERVICE, ALL UNVESTED DEFERRALS WILL VEST AND BE PAID AS SOON AS ADMINISTRATIVELY FEASIBLE IN THE CALENDAR YEAR OF THE VESTING EVENT. THIS PLAN IS REVIEWED BY AN EXTERNAL THIRD-PARTY CONSULTANT.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL UGWUEKE PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	845,584	158,930	145,654	473,665	17,385	1,641,218	247,354
1GARY SHORB SENOIR ADVISOR TO PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	363,211	297,183	561,125	46,308	11,106	1,278,933	0
2CHRIS MCLEAN EVP/CHIEF ADMINISTRATIVE	(i)	0	0	0	0	0	0	0
	(ii)	638,598	152,968	195,251	168,661	20,195	1,175,673	117,697
3DAVID BAYTOS SVP - MS	(i)	0	0	0	0	0	0	0
	(ii)	336,353	92,950	134,875	131,904	15,567	711,649	0
4HARRY DURBIN SVP - F&H	(i)	0	0	0	0	0	0	0
	(ii)	126,104	41,109	7,040	7,811	35,580	217,644	0
5CATO JOHNSON SVP - PUBLIC POLICY	(i)	0	0	0	0	0	0	0
	(ii)	319,742	61,390	60,255	34,365	18,631	494,383	0
6MARK MCMATH SVP - CMIO	(i)	0	0	0	0	0	0	0
	(ii)	321,479	48,488	5,065	74,865	19,069	468,966	42,502
7NIKKI POLIS SVP - CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	326,216	64,720	75,379	74,773	10,387	551,475	58,235
8HUGH JONES III SVP - STRATEGIC PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	330,786	44,975	2,766	76,856	27,354	482,737	44,685
9CAROL ROSS-SPANG SVP - HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	355,195	71,258	137,150	121,551	15,567	700,721	62,456
10SUSAN THURMOND SVP - CHIEF QUALITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	412,072	78,647	64,827	48,484	12,343	616,373	0
11WILLIAM BREEN JR SVP - PHYSICIAN ALIGNMENT	(i)	0	0	0	0	0	0	0
	(ii)	343,444	82,665	70,921	76,429	15,493	588,952	52,224
12LYNN FIELD VP - CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	254,030	29,964	49,051	34,678	17,304	385,027	12,096
13MITCH GRAVES SVP - PRESIDENT OF HEALTH CHOICE	(i)	0	0	0	0	0	0	0
	(ii)	410,956	84,699	65,827	195,712	14,467	771,661	59,663
14WILLIAM KENLEY EVP - COMMUNITY HOSPITALS	(i)	0	0	0	0	0	0	0
	(ii)	482,495	123,772	63,210	258,408	19,547	947,432	97,085
15CHARLES LANE SVP - ASSOCIATE CFO	(i)	0	0	0	0	0	0	0
	(ii)	325,786	15,615	23,948	82,321	20,357	468,027	39,328
16MONICA WHARTON SVP - CHIEF LEGAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	108,389	0	20,299	16,172	14,764	159,624	13,126
17MERI ARMOUR SVP - CEO LE BONHEUR HOSPITAL	(i)	490,893	104,223	101,302	84,819	18,631	799,868	0
	(ii)	0	0	0	0	0	0	0
18JEFF LIEBMAN SVP - CEO OF UNIVERSITY	(i)	330,599	29,016	14,301	16,200	9,107	399,223	0
	(ii)	0	0	0	0	0	0	0
19DIANE RIDGWAY SVP - CEO OF GERMANTOWN	(i)	304,213	38,986	3,918	44,648	19,069	410,834	30,617
	(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				
21JAMES ROBINSON III SVP - CEO OF SOUTH	(i)	171,079	68,566	0	24,114	16,229	279,988	39,037
	(ii)	0	0	0	0	0	0	0
1FLORENCE JONES SVP - CEO OF NORTH	(i)	262,270	36,469	38,757	29,265	15,235	381,996	0
	(ii)	0	0	0	0	0	0	0
2ROBIN WOMEODU CMO - UNIVERSITY	(i)	321,524	0	23,568	70,306	17,757	433,155	19,531
	(ii)	0	0	0	0	0	0	0
3WILLIAM MAY CMO - LE BONHEUR HOSPITAL	(i)	109,131	37,351	0	3,212	8,734	158,428	0
	(ii)	0	0	0	0	0	0	0
4PAUL DOUTHITT CMO OF GERMANTOWN	(i)	195,840	53,659	190,920	18,269	11,571	470,259	0
	(ii)	0	0	0	0	0	0	0
5CASSANDRA HOWARD VP/CHIEF MEDICAL OFFICER	(i)	186,652	0	15,917	19,733	2,840	225,142	10,823
	(ii)	0	0	0	0	0	0	0
6KAREN HOPPER CMO OF NORTH	(i)	231,591	41,969	347,123	31,001	24,579	676,263	0
	(ii)	0	0	0	0	0	0	0
7CORBI MILLIGAN CMO OF SOUTH/NORTH	(i)	336,366	37,636	1,028	25,818	8,151	408,999	20,318
	(ii)	0	0	0	0	0	0	0
8ANN BROWN VP - PRACTICE TRANSFORMATION	(i)	245,842	39,307	35,803	14,895	7,903	343,750	0
	(ii)	0	0	0	0	0	0	0
9SHADWAN ALSAFWAH PHYSICIAN	(i)	1,076,080	0	0	0	1,530	1,077,610	0
	(ii)	0	0	0	0	0	0	0
10JAMES EASON PHYSICIAN	(i)	1,724,057	0	0	16,613	3,645	1,744,315	0
	(ii)	0	0	0	0	0	0	0
11EDMOND OWEN PHYSICIAN	(i)	1,235,114	0	1,000	16,239	17,876	1,270,229	0
	(ii)	0	0	0	0	0	0	0
12STEVAN HIMMELSTEIN PHYSICIAN	(i)	975,550	0	500,000	16,200	25,545	1,517,295	0
	(ii)	0	0	0	0	0	0	0
13MOHAMMAD ISMAIL PHYSICIAN	(i)	856,407	0	0	16,200	17,757	890,364	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017 Open to Public Inspection
Name of the organization METHODIST HEALTHCARE - MEMPHIS HOSPITALS		Employer identification number 62-0479367	

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS IN 2017, METHODIST MEMPHIS HOSPITALS WERE NAMED THE BEST HOSPITAL IN MEMPHIS ONCE AGAIN BY U S NEWS & WORLD REPORT FOR THE LAST SEVERAL YEARS, METHODIST HAS BEEN NAMED IN MODERN HEALTHCARE MAGAZINE, AS ONE OF THE TOP 100 INTEGRATED HEALTHCARE NETWORKS IN THE COUNTRY THE FIVE (5) FACILITIES OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS ARE LICENSED AS ONE HOSPITAL IT IS THE THIRD LARGEST HOSPITAL IN THE COUNTRY METHODIST HAS FIVE MAJOR AREAS OF FOCUS CARDIOLOGY, CANCER, NEUROSCIENCES, TRANSPLANT, AND PEDIATRICS METHODIST HEALTHCARE - MEMPHIS HOSPITALS OPERATES THE FOLLOWING HOSPITALS - METHODIST UNIVERSITY HOSPITAL, THE FLAGSHIP OF THE METHODIST HEALTHCARE SYSTEM, IS LOCATED IN THE HEART OF THE MEMPHIS MEDICAL CENTER METHODIST IS FORMALLY AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER AND SERVES AS ITS PRIMARY TEACHING SITE A TERTIARY CARE AND REFERRAL CENTER, METHODIST UNIVERSITY HOSPITAL HAS ONE OF THE LARGEST NEUROSCIENCES PROGRAMS IN THE COUNTRY THE TRANSPLANT PROGRAM SPECIALIZES IN SOLID ORGAN TRANSPLANTS OF THE KIDNEY, LIVER AND PANCREAS - METHODIST NORTH HOSPITAL IS A COMMUNITY HOSPITAL SERVING RESIDENTS OF THE RALEIGH-BARTLETT AREA OF NORTH MEMPHIS AND SURROUNDING AREAS THE FACILITY OFFERS STATE-OF-THE-ART, COMPREHENSIVE CARDIAC SERVICES THE HOSPITAL HAS EXPANDED LASER SURGERY CAPABILITIES AND SAME-DAY SURGERY SERVICES ON CAMPUS, AS WELL AS AN AFFILIATED REHABILITATION FACILITY ON CAMPUS - METHODIST SOUTH HOSPITAL SERVES THE CITIZENS OF SOUTH MEMPHIS AND SURROUNDING AREAS THIS ACUTE CARE HOSPITAL INCLUDES A MATERNITY CENTER, A CANCER CENTER, A CRITICAL CARE UNIT, A SAME-DAY SURGERY UNIT AND A COMPLETE ARRAY OF OUTPATIENT SERVICES THE METHODIST SOUTH HOSPITAL ALSO OFFERS STATE-OF-THE-ART CARDIAC SERVICES, INCLUDING CARDIAC CATHETERIZATION AND OPEN-HEART SURGERY - METHODIST LE BONHEUR GERMANTOWN HOSPITAL IS A COMMUNITY HOSPITAL SERVING GERMANTOWN, COLLIERVILLE, EAST MEMPHIS AND NORTH MISSISSIPPI THE HOSPITAL OFFERS ACUTE INPATIENT CARE AND TREATMENT, EXTENSIVE SURGICAL SERVICES, WOMEN'S HEALTH SERVICES, CARDIAC SERVICES, CHILDREN'S SERVICES AND EMERGENCY SERVICES WITH URGENT AND EMERGENCY CARE FOR ADULTS AND CHILDREN - LE BONHEUR CHILDREN'S HOSPITAL IS THE MID-SOUTH'S FIRST AND ONLY COMPREHENSIVE PEDIATRIC MEDICAL FACILITY FOUNDED IN 1952, LE BONHEUR TREATS 130,000 CHILDREN FROM 47 STATES AND MANY COUNTRIES THE HOSPITAL IS HOME TO ONE OF THE NATION'S 10 BUSIEST PEDIATRIC EMERGENCY DEPARTMENTS AND HOSTS ONE OF THE LARGEST PEDIATRIC SURGICAL BRAIN TUMOR PROGRAMS IT IS THE TEACHING SITE FOR THE UNIVERSITY OF TENNESSEE DEPARTMENT OF PEDIATRICS AND HOME TO THE CHILDREN'S FOUNDATION RESEARCH CENTER OF MEMPHIS LE BONHEUR CHILDREN'S HOSPITAL WAS NAMED A NATIONAL BEST CHILDREN'S HOSPITAL BY U S NEWS & WORLD REPORT AND ALSO RECOGNIZED AS HIGH-PERFORMING IN THE FOLLOWING SEVEN SPECIALTIES CARDIOLOGY & HEART SURGERY, NEUROLOGY & NEUROSURGERY, PULMONOLOGY, UROLOGY

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FORM 990, PART III, LINE 4A	, NEPHROLOGY, ORTHOPEDICS, AND NEONATOLOGY AT METHODIST LE BONHEUR HEALTHCARE, WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO GIVING BACK TO THE COMMUNITY IN A MEANINGFUL WAY OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICES AREA BECAUSE OUR FACILITIES ARE PLACED IN ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS, WE PROVIDE ACCESS TO HEALTHCARE FOR ALL OF THE COMMUNITY * * * IN 2017 MLH CONTRIBUTED MORE THAN \$221 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 NET COMMUNITY BENEFIT EXPENSE IS CALCULATED USING A STANDARD APPROACH AS REQUIRED FOR GOVERNMENT BENEFIT REPORTING

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS METHODIST LE BONHEUR HEALTHCARE WORKS DILIGENTLY THROUGHOUT OUR LOCAL COMMUNITIES TO INCREASE HEALTH AWARENESS AMONGST THE GENERAL PUBLIC AS STATED IN OUR ORGANIZATON'S MISSION AND VALUES, IT IS OUR DEDICATION TO COMMUNI TY SERVICE THAT DRIVES OUR CALL TO ACTION OUR GOAL IS TO PROVIDE OUR NEIGHBORS WITH RESOU RCES AND EDUCATION NECESSARY TO EFFECTIVELY COMBAT THE RISK FACTORS AND BEHAVIORS THAT PO SE A CHALLENGE TO LIFE EXPECTANCY RATES WITHIN OUR REGION OUR DEDICATION TO GIVING BACK I NVOLVES A NUMBER OF MEASUREABLE PROGRAMS AND EVENTS THAT ARE ALL ALIGNED WITH OUR PRIMARY GOAL OF ALLOWING PEOPLE OF THE MID SOUTH TO LIVE THEIR BEST LIVES OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILI TIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICE AREA OUR LOCATIONS ARE PLACED I N ALL QUADRANTS OF OUR GEOGRAPHIC SERVICE AREAS ALLOWING US TO PROVIDE ACCESS TO HEALTHCAR E FOR ALL OF THE COMMUNITY OTHER ELEMENTS OF OUR COMMITMENT TO GIVING INCLUDE, OUR EDUCAT IONAL SEMINARS THAT FOCUS ON TOPICS SUCH AS DIABETES PREVENTION AND MANAGEMENT, STROKE PRE VENTION AND CARE, PEDIATRIC ASTHMA TRAINING, FIRST AID/ HANDS ONLY CPR TRAINING, AND MENTA L HEALTH AWARENESS, WHICH ARE OFFERED AT VARIOUS METHODIST HOSPITAL LOCATIONS IN ADDITION TO THAT, OUR FACILITIES SERVE AS HOST TO A NUMBER OF SUPPORT GROUPS SUCH AS "MOMS", "DYNA MIC DADS", "GRIEF", AND SOCIAL SKILL DEVELOPMENT GROUPS ALL OF WHICH SHARE A COMMON OBJEC TIVE, TO SUPPLY THE PEOPLE OF OUR COMMUNITY WITH THE EMOTIONAL SUPPORT AND RESOURCES NEEDED TO OVERCOME LIFE STRESSORS HEALTH FAIRS ARE HELD AT EACH OF OUR NORTH, SOUTH, GERMANTOW N, AND OLIVE BRANCH HOSPITALS ON AN ANNUAL BASIS PROVIDING HEALTH SCREENINGS TO THE PUBLIC AND FOLLOW UP REFERRELS ARE PROVIDED AS NEEDED ALL OF THESE SERVICES ARE PROVIDED AT NO COST TO THE COMMUNITY IN ADDITION TO THAT, WE OUR ORGANIZATION ABSORBS COST ASSOCIATED WI TH PROVIDING MEDICATIONS, DURABLE MEDICAL EQUIPMENT AND HOME HEALTH VISITS FOR MANY OF OUR INDIGENT PATIENTS ALL IN EFFORTS OF ALLOWING THEM TO CONTINUE THEIR RECOVERY PROCESS POST DISCHARGE OUR FACILITIES ABSORB THE COST OF TRANSPORTATION FOR MANY OF OUR PATIENTS BY CAB, BUS, OR AMBULANCE TO GET HOME AFTER DISCHARGE MEDICAL EDUCATION AND RESEARCH-METHODIS T SUPPORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE HEAL TH SCIENCE CENTER (UTHSC) FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVE RSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPIT AL THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST THESE TRAI NEEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE I NVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES CHURCH HEALTH CENTER AS AN E ARLY SUPPORTER OF THE CHURCH H

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTH CENTER, METHODIST LE BONHEUR HEALTHCARE STRONGLY BELIEVES IN ITS MISSION TO SERVE THE WORKING POOR FROM ITS BEGINNINGS AS A PROJECT OF ST. JOHN'S UNITED METHODIST CHURCH AND OF DR SCOTT MORRIS TO THE COMPREHENSIVE COMMUNITY RESOURCE IT IS TODAY, THE CHURCH HEALTH CENTER PROVIDES AFFORDABLE HEALTH CARE, DENTISTRY, OPTOMETRY, PASTORAL COUNSELING, AND HEALTH EDUCATION TO THOSE WHO NEED THESE SERVICES IN MEMPHIS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS IS PROUD TO SUPPORT THIS WORTHY ENDEAVOR. MHMH HELPS SUPPORT THE CHURCH HEALTH CENTER BY PROVIDING PATIENT CARE FREE OF CHARGE. LE BONHEUR COMMUNITY HEALTH & WELL-BEING. LE BONHEUR CHILDREN'S HOSPITAL'S COMMUNITY OUTREACH DIVISION WORKS TO EXTEND THE WORK OF THE HOSPITAL BEYOND ITS WALLS. THROUGH A VARIETY OF PROGRAMS, WE MAKE A DIFFERENCE IN THE EVERYDAY LIVES OF CHILDREN IN COMMUNITIES THROUGHOUT THE REGION. THE SPIRIT OF FAITH AND HEALING PERVADES METHODIST LE BONHEUR HEALTHCARE. AS A FAITH-BASED INSTITUTION, WE ARE WORKING TO DEFINE HOW WE CAN BETTER UTILIZE OUR FAITH RESOURCES AND OTHER ASSETS IN THE COMMUNITY TO IMPROVE HEALTH. THAT MISSION HAS RESULTED IN A STRATEGY AROUND CONGREGATIONS AND OUR CONNECTION WITH THEM. WE BELIEVE THAT CONGREGATIONS CAN PLAY A SIGNIFICANT ROLE IN HEALTHCARE WHEN THEY ARE STRATEGIC PARTNERS IN THEIR MEMBERS' HEALTH JOURNEYS. TO THAT END, WE HAVE ENTERED INTO COVENANT RELATIONSHIPS WITH 500+ CONGREGATIONS TO IMPROVE THE ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL CITIZENS AND TO IMPROVE THE HEALTH STATUS OF THESE PATIENTS. THE CENTER OF EXCELLENCE IN FAITH AND HEALTH (COE) IS HOUSED IN RENOVATED SPACE AT METHODIST UNIVERSITY HOSPITAL. THE COE WILL ADVANCE HEALTH BY BRINGING FAITH AND HEALTH TOGETHER FOR THE IMPROVED WELLBEING OF THOUSANDS OF PATIENTS. THE CENTER'S GOAL IS TO DRAMATICALLY ENHANCE QUALITY OF CARE AND SUPPORT FOR OUR PATIENTS AND THEIR FAMILIES. WE BELIEVE THAT THE COUPLING OF FAITH AND HEALTH CAN NOT ONLY ELEVATE THE LEVEL OF CARE WE DELIVER TO OUR PATIENTS, BUT ALSO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITY AND BEYOND. THE ACTUAL CENTER OF EXCELLENCE SPACE TRANSFORMED THE PREVIOUSLY EXISTING INTENSIVE CARE WAITING ROOM INTO A STATE-OF-THE-ART FAMILY-CENTERED HEALING ENVIRONMENT WITH A QUIET AREA, RESOURCE ROOM, EDUCATION SPACES, MOVEABLE FURNITURE, AS WELL AS SPACE FOR LOCAL CLERGY TO COUNSEL THEIR MEMBERS. IT ALSO HOUSES CREATIVE MEETING SPACE FOR ACADEMIC PARTNERS LOCALLY AND ACROSS THE GLOBE TO WORK WITH EACH OTHER, AS WELL AS PROVIDE TRAINING AND EDUCATION TO OUR ASSOCIATES, LOCAL CLERGY AND COMMUNITY HEALTH PARTNERS. METHODIST PLACES A STRONG VALUE ON EDUCATION THROUGH THE MEMPHIS CITY ADOPT-A-SCHOOL PROGRAM, MLH ASSOCIATES WORKED TO - TUTOR AND MENTOR STUDENTS - PROVIDE SPEAKERS FOR A NUMBER OF EVENTS INCLUDING CAREER DAYS - JUDGE EVENTS SUCH AS SCIENCE PROJECTS - PROCTOR TESTS - PROVIDE FINANCIAL SUPPORT FOR SPECIAL NEEDS AND PROGRAMS. INKIND GOODS AND SERVICES MHMH ASSOCIATES DONATED THOUSANDS OF HOURS TO MANY COMMUNITY GROUPS.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	BY SERVING ON NUMEROUS BOARDS AND COMMITTEES, INCLUDING HEALTHY SHELBY COUNTY, COMMONTABLE HEALTH ALLIANCE, CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH CENTER, ITN MEMPHIS, METRO CARE, HEALTH CHOICE, TN CARE MEDICAL CARE ADVISORY, ISCT, CONCORD NURSING PROGRAM ADVISORY BOARD, SC COLLEGE OF NURSING ADVISORY COMMITTEE, NATIONAL ARTHRITIS FOUNDATION, GIFT OF LIFE MIDSOUTH, TENNESSEE NURSES ASSOCIATION, NWTN HEADSTRAT HEALTH ADVISORY COMMITTEE, SHELBY COUNTY BREASTFEEDING COALITION, PROMISE OF NURSING FOR TN, TN PUBLIC HEALTH ASSOCIATION, AMERICAN LIVER FOUNDATION, CYNTHIA MILK FUND, YMCA, OVERTON PARK CONSERVANCY, TENNESSEE BUSINESS ROUNDTABLE, COMMUNITY ALLIANCE FOR THE HOMELESS, CENTER OF YOUTH MINISTRY TRAINING, UNITED METHODIST NEIGHBORHOOD CENTERS, BOYS&GIRLS CLUB, GREATER MEMPHIS CHAMBER OF COMMERCE, SOULSVILLE FOUNDATION, AMERICAN HEART ASSOCIATION, MARCH OF DIMES, CARL PERKINS CENTER FOR THE PREVENTION OF CHILD ABUSE, SAFE KIDS, BLUFF CITY MEDICAL SOCIETY, MEMPHIS AND MIDSOUTH PEDIATRIC ASSOCIATION, CYSTIC FIBROSIS FOUNDATION, MAKE A WISH FOUNDATION MIDSOUTH, MELANOMA RESEARCH FOUNDATION, RED CROSS, NATIONAL CIVIL RIGHTS MUSEUM, JUVENILE DIABETES FOUNDATION, NEW MEMPHIS INSTITUTE, MID SOUTH MINORITY BUSINESS COUNCIL, APRIL 4 FOUNDATION, GIRLS INC, WOMEN FOUNDATION FOR GREATER MEMPHIS, MEMPHIS MUSEUMS INC MEMPHIS BRANCH NAACP, 100 BLACK MEN OF MEMPHIS INC, MEMPHIS COMMITTEE FOR ECONOMIC DEVELOPMENT, MEMPHIS THEOLOGICAL SEMINARY, MEMPHIS TOMORROW, MEMPHIS CHILD ADVOCACY CENTER, EXCHANGE CLUB CARL PERKINS CENTER, NATIONAL KIDNEY FOUNDATION, GIFT OF LIFE MIDSOUTH, PEOPLE FIRST, CITY OF MEMPHIS IT STEERING, CHILDREN'S HOSPITAL ASSOCIATION, NEW LEADERS ADVISORY BOARD, IDLEWILD CHILDREN'S CENTER, FIRE MUSEUM OF MEMPHIS, REGIONAL INTERFAITH SOUP KITCHEN, A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES OF NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY

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

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

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 178,850,309 MANAGEMENT AND GENERAL EXPENSES 36,967,262 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 215,817,571

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO AFFILIATES -39,849,627

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METHODIST HEALTHCARE - MEMPHIS HOSPITALS

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
62-0479367

Part I Identification of Disregarded Entities

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

See Additional Data Table

(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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NORTH SURGERY CENTER LP 3960 NEW COVINGTON PIKE MEMPHIS, TN 38128 62-1685756	SURGERY CENTER	TN	N/A	RELATED	457,376	1,388,792		No		Yes		58 670 %
(2) METHODIST SURGERY CENTER-GERMANTOWN LP 1363 S GERMANTOWN ROAD GERMANTOWN, TN 38138 62-1659904	SURGERY CENTER	TN	N/A	RELATED	1,461,076	1,468,387		No		Yes		55 000 %
(3) HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE 3RD FLOOR MEMPHIS, TN 38103 20-2873438	SURGERY CENTER	TN	N/A	RELATED	622	171,308		No		Yes		35 400 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) AMBULATORY OPERATIONS INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1157166	MEDICAL AND MANAGEMENT SERVICES	TN	N/A	C					No
(2) SOLUS MANAGEMENT SERVICES INC 6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1361349	HEALTH SERVICES MANAGEMENT	TN	N/A	C					No
(3) MEMPHIS PROFESSIONAL BUILDING INC 1211 UNION AVENUE SUITE 600 MEMPHIS, TN 38104 62-1847544	INVESTMENTS	TN	N/A	C					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

Yes

No

No

No

No

No

Yes

Yes

No

No

No

No

No

Yes

Yes

No

No

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

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

Schedule R (Form 990) 2017

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)

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
LE BONHEUR PATIENT TRANSPORTATION LLC 1265 UNION AVENUE MEMPHIS, TN 38104 20-3200654	MEDICAL TRANSPORT	TN			N/A
METHODIST INPATIENT PHYSICIANS LLC 1265 UNION AVENUE MEMPHIS, TN 38104 47-0892411	PHYSICIANS	TN			N/A
SPECIALTY PHYSICIAN GROUP LLC 1211 UNION AVENUE MEMPHIS, TN 38104 27-2097600	PHYSICIANS	TN			N/A
PRIMARY CARE GROUP LLC 1265 UNION AVENUE MEMPHIS, TN 38104 27-3186375	PHYSICIANS	TN			N/A
FOUNDATION PRIMARY CARE LLC 1265 UNION AVENUE MEMPHIS, TN 38104 27-4200498	HEALTHCARE	TN			PRIMARY CARE GROUP LLC
UT METHODIST PHYSICIANS LLC 1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 45-4853491	PHYSICIANS	TN			N/A
LE BONHEUR PEDIATRICS LLC 50 N DUNLAP STREET MEMPHIS, TN 38103 46-1556529	PEDIATRICS	TN			N/A
SPG II LLC 7655 POPLAR AVENUE GERMANTOWN, TN 38138 32-0365415	PHYSICIANS	TN			N/A
DIVISION OF CLINICAL NEUROSCIENCES LLC 51 N DUNLAP STREET MEMPHIS, TN 38105 45-4117901	PHYSICIANS	TN			N/A
PCG II LLC 1533 UNION AVENUE MEMPHIS, TN 38104 37-1668387	PHYSICIANS	TN			N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-0841121	HEALTHCARE	TN	501(C)(3)	LINE 10	METHODIST LE BONHEUR HEALTHCARE		No
850 POPLAR AVENUE BLDG 2 MEMPHIS, TN 38105 62-1872938	FOUNDATION	TN	501(C)(3)	LINE 12A, I	METHODIST LE BONHEUR HEALTHCARE		No
50 PEABODY PLACE MEMPHIS, TN 38103 62-1251288	FOUNDATION	TN	501(C)(3)	LINE 7	LE BONHEUR CHILDREN'S FOUNDATION		No
1080 EASTMORELAND AVE MEMPHIS, TN 38104 62-1280261	AMBULATORY SERVICES	TN	501(C)(3)	LINE 12B, II	N/A		No
225 SOUTH CLAYBROOK MEMPHIS, TN 38104 62-1518342	HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
214 LAKEVIEW DRIVE SOMERVILLE, TN 38068 62-0862334	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0884720	INACTIVE	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
6400 SHELBY VIEW SUITE 101 MEMPHIS, TN 38134 62-1403517	OUTPATIENT HEALTHCARE	TN	501(C)(3)	LINE 10	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 450 MEMPHIS, TN 38104 23-7320638	FOUNDATION	TN	501(C)(3)	LINE 12A, I	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 58-2078931	HEALTHCARE	TN	501(C)(3)	LINE 10	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 62-1155084	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0794199	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 71-0499625	INACTIVE HOSPITAL	TN	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 657 MEMPHIS, TN 38104 64-0698911	INACTIVE HOSPITAL	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 64-0889822	HOSPITAL	MS	501(C)(3)	LINE 3	METHODIST LE BONHEUR HEALTHCARE		No
1211 UNION AVENUE SUITE 700 MEMPHIS, TN 38104 58-1454711	SUPPORTING ORGANIZATION	TN	501(C)(3)	LINE 12B, II	N/A		No
1211 UNION AVENUE SUITE 450 MEMPHIS, TN 38104 27-3426141	PEDIATRIC HOSPITAL	TN	501(C)(3)	LINE 3	N/A		No