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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

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 Medical Center

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1420 Centerpoint Blvd Bldg C

City or town, state or province, country, and ZIP or foreign postal code
Knoxville, TN 379321960

D Employer identification number
62-0636239

E Telephone number
(865) 374-6864

G Gross receipts $ 186,558,857

F Name and address of principal officer
James D VanderSteeg
100 Ft Sanders W Blvd
Knoxville, TN 37922

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: ▶ http //www mmcoakridge com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1959

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Methodist Medical Center is a 301-bed full service, acute care hospital located in Oak Ridge, TN It is a member of the Covenant Health system

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)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	1,183
6	Total number of volunteers (estimate if necessary)	**6**	252
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,060
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	164,993	436,219
9	Program service revenue (Part VIII, line 2g)	178,952,316	181,669,589
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,166	113,372
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,281,821	2,022,287
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,434,296	184,241,467
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,980	42,518
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,210,774	60,877,802
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	121,572,215	125,756,347
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	182,804,969	186,676,667
19	Revenue less expenses Subtract line 18 from line 12	-1,370,673	-2,435,200

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	90,033,921	86,199,580
21	Total liabilities (Part X, line 26)	24,587,330	25,189,086
22	Net assets or fund balances Subtract line 21 from line 20	65,446,591	61,010,494

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

****** 2018-11-14
Signature of officer Date

JOHN T GEPPI EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O Methodist Medical Center provides quality healthcare, in alignment with Covenant Health's mission to serve the community by improving the quality of life through better health regardless of a patient's ability to pay

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 $ 29,600,659 including grants of $) (Revenue $ 31,016,002)

See Additional Data

4b (Code) (Expenses $ 26,668,994 including grants of $) (Revenue $ 27,575,986)

See Additional Data

4c (Code) (Expenses $ 21,862,313 including grants of $) (Revenue $ 21,223,551)

See Additional Data

(Code) (Expenses $ 104,280,569 including grants of $ 42,518) (Revenue $ 101,958,456)

As a full-service, acute care medical center, Methodist Medical Center treats patients across a broad spectrum of medical specialties in addition to those highlighted above with an accredited Breast Center and Oncology program

4d Other program services (Describe in Schedule O)

(Expenses $ 104,280,569 including grants of $ 42,518) (Revenue $ 101,958,456)

4e **Total program service expenses ▶** 182,412,535

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	260		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,183		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	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	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶Nancy Beck 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 (865) 374-6864

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,106,550	4,136,360	472,378

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 ▶ 9

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Cardinal Health 21377 Network Place Chicago, IL 60673	Pharmacy Management	3,062,978
Optumrx PO Box 888765 Los Angeles, CA 90088	Pharmacy Claims Services	1,285,842
Accelecare Wound Centers Inc PO Box 671242 Dallas, TX 75267	Wound Care Services	1,115,883
Medic Regional Blood Center 1601 Ailor Avenue Knoxville, TN 37921	Blood Processing	1,104,235
MMC Anesthesia Group PC Stark 2095 Lakeside Centre Way Knoxville, TN 37922	Physician Services	867,256

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 22

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d	436,219			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $ 36,359					
	h **Total.** Add lines 1a-1f . . . . . ▶		436,219			
Program Service Revenue		Business Code				
	2a Medical Services	622110	180,916,533	180,916,533		
	b Meaningful Use	900099	572,235	572,235		
	c Rental Inc - Exempt Affiliate	531120	158,712	158,712		
	d Community Health	900099	22,109	22,109		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f . . . . ▶		181,669,589			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		113,372			113,372
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	2,985,478				
	b Less rental expenses	2,317,390				
	c Rental income or (loss)	668,088				
	d Net rental income or (loss) . . . . . ▶		668,088		1,060	667,028
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a Cafeteria Sales	722514	873,089			873,089
	b Gift Shop	453220	203,737			203,737
	c Volunteer Sales	900099	71,554			71,554
	d All other revenue		205,819	104,406		101,413
	e **Total.** Add lines 11a-11d . . . . . ▶		1,354,199			
	12 **Total revenue.** See Instructions . . . . . ▶		184,241,467	181,773,995	1,060	2,030,193

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	42,518	42,518		
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	417,926		417,926	
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	47,433,128	46,841,669	591,459	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,470,552	1,454,833	15,719	
9 Other employee benefits	8,155,680	7,993,761	161,919	
10 Payroll taxes	3,400,516	3,331,682	68,834	
11 Fees for services (non-employees)				
a Management	14,230,350	13,588,010	642,340	
b Legal	99,687		99,687	
c Accounting				
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)	14,289,350	14,139,113	150,237	
12 Advertising and promotion	159,512	156,316	3,196	
13 Office expenses	1,378,652	1,276,818	101,834	
14 Information technology				
15 Royalties				
16 Occupancy	5,577,334	4,755,927	821,407	
17 Travel	21,699	18,846	2,853	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,627	18,934	4,693	
20 Interest	181,596	181,596		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,729,812	7,861,579	868,233	
23 Insurance	249,275	244,255	5,020	
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 Unrelated Business Inco	71,223		71,223	
b Supplies & Equipment	39,185,501	39,071,903	113,598	
c Charity Care	24,431,010	24,431,010		
d Bad Debt	9,188,136	9,188,136		
e All other expenses	7,939,583	7,815,629	123,954	
25 **Total functional expenses.** Add lines 1 through 24e	186,676,667	182,412,535	4,264,132	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	4,441	1	4,641
	2	Savings and temporary cash investments	-1,657,150	2	-588,011
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,212,614	4	15,314,131
	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	
	8	Inventories for sale or use	4,033,994	8	3,697,613
	9	Prepaid expenses and deferred charges	1,499,744	9	1,698,184
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 263,092,534			
	b	Less accumulated depreciation — 10b: 198,020,932	68,102,402	10c	65,071,602
	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	-75,669	13	0
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	913,545	15	1,001,420
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	90,033,921	16	86,199,580
Liabilities	17	Accounts payable and accrued expenses	19,095,219	17	19,063,951
	18	Grants payable		18	
	19	Deferred revenue	23,608	19	9,540
	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	149,204	23	117,232
	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	5,319,299	25	5,998,363
	26	**Total liabilities.** Add lines 17 through 25	24,587,330	26	25,189,086
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	65,446,591	27	61,010,494
	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	65,446,591	33	61,010,494
	34	Total liabilities and net assets/fund balances	90,033,921	34	86,199,580

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	184,241,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,676,667
3	Revenue less expenses Subtract line 2 from line 1	3	-2,435,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,446,591
5	Net unrealized gains (losses) on investments	5	
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	-2,000,897
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,010,494

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 62-0636239

Name: Methodist Medical Center

Form 990 (2017)

Form 990, Part III, Line 4a:

Cardiovascular Services See Schedule O Cardiovascular Services Expenses - $29,600,659, Revenue - $31,016,002Methodist Medical Center offers a complete continuum of heart care beginning with prevention efforts such as education, exercise programs, diet and stress management, early detection, diagnosis, treatment and rehabilitation, and advanced new treatments The hospital treated 11,893 cardiac patients in 2017 Methodist Medical Center offers the full continuum of heart-related care and service Urgent Care - One of the first chest pain centers in the area - Over 80 % of patients needing angioplasty received intervention within 90 minutes of presenting to the Emergency Department - First hospital in the area to implement a hypothermia protocol which lowers a patient's body temperature after cardiac arrest to reduce the risk of brain damage Diagnostic - Echocardiography lab Methodist's echocardiogram program was recently accredited by Inter-societal Accreditation Commission - Cardiac stress lab - 64-slice CT which can capture images of the heart and coronary arteries in as little as five heartbeats Surgical Procedures - Open-heart procedures including multi-vessel coronary artery bypass - Endoscopic vein harvesting - Minimally invasive procedure for treatment of atrial fibrillation - Valve replacementInterventional - Cardiac catherization lab - Subcutaneous Implantable Cardiac DefibrillatorIn 2015, Methodist Medical Center expanded its electrophysiology services by beginning to provide the insertion of Subcutaneous Implantable Cardiac Defibrillator (SICDs) to a specific population of patients where transvenous lead placement is not optimal - First medical center in East Tennessee to use the Impella device, the world's smallest heart pump, for cardio septic shock and high-risk procedures Cardiac Rehabilitation - The AACVPR accredited Cardiac and Pulmonary rehabilitation program in Methodist Medical Center's 5,000 square foot facility offers an individualized plan of monitored exercise and education in a medically supervised environment Methodist Medical Center's highly trained cardiologists, nurses, and technicians combine their extensive skills with the latest technology in the areas of bypass surgery, procedures involving pacemakers, drug-eluting stents and cardiac defibrillators, angioplasty, and emergency treatment They also perform echocardiograms, electrocardiograms, and stress tests Telemetry monitoring is available for critical patients, and cardiac rehabilitation services, therapy, dietary consultation, and congestive heart failure education classes are also provided at the facility In addition, the facility offers heart screenings to the community and promotes cardiac education and wellness through community health fairs and seminars The organization's goal is to provide excellent care to an increasing number of cardiac patients in its service area

Form 990, Part III, Line 4b:

Surgical Services See Schedule O Surgical Services Expenses - $26,668,994, Revenue - $27,575,986In 2017, surgeons at Methodist Medical Center treated 12,127 patients in various surgical specialty areas including general, gastroenterology, plastic, neurology and neurosurgery, and vascular surgery Under the clinical leadership of a board-certified neurosurgeon with a doctorate in neuroscience/anatomy, Methodist Medical Center's neurosurgery staff is committed to restoring quality of life to the fullest extent possible Surgery is performed on patients with malignant, benign and metastatic brain tumors, aneurysms and malformations of the blood vessels, head and spinal injuries, herniated discs, epilepsy, and other conditions of the head, neck, and back Sophisticated imaging tools, such as Methodist Medical Center's 3Tesla MRI, provide remarkably detailed views of the central nervous system However, images of the brain, spinal cord, nerves, and muscles alone are not always enough when medical problems occur The medical center's neurodiagnostic services include a full-range of studies, such as EEGs, somatosensory and visual response tests, and nerve conduction and transcranial Doppler studies In 2017, Methodist Medical Center earned The Joint Commission's Gold Seal of Approval and the American Heart Association/ American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers The Gold Seal of Approval and the Heart-Check mark represent symbols of quality from their respective organizations During the certification process, Methodist underwent a rigorous onsite review where Joint Commission experts evaluated compliance with stroke-related standards and requirements, including program management, the delivery of clinical care and performance improvement At the conclusion, Methodist was found to have no deficiencies or findings from the survey Prostate cancer is the second highest cause of cancer-related deaths in men The robotic surgical system at Methodist is striving to reduce mortality by making robotic prostatectomy available in East Tennessee Urologists at Methodist primarily perform three robotic procedures using the surgical robot radical prostatectomy for prostate cancer, radical cystoprostatectomy for bladder cancer, and partial nephrectomy for kidney cancer Board-certified surgeons on the medical staff routinely perform minimally invasive procedures at the Same Day Services Center, such as knee and shoulder repairs, hernia repair, gallbladder removal, cystoscopy and removal of bladder tumors, D&C, thermal ablation, laparoscopic tubal ligation in women, breast enlargement and reduction, sinus surgery and other ear, nose, and throat procedures Some diagnostic tests considered invasive are performed on an out-patient basis Procedures such as myelograms for diagnosis related to back pain, CT-guided biopsies of the lung and liver, heart catheters to identify problems in the heart, cardioversions to restore the heart's normal rhythm, and arteriograms to diagnose problems in the arteries are performed at the Same Day Services Center at Methodist These tests allow physicians to gather more data to better diagnose and treat problems such as stroke, Parkinson's disease, Alzheimer's, cerebral palsy, brain tumors, impaired spinal cord function, headaches, vision loss, and other conditions Vascular surgeons at Methodist perform procedures throughout the body to remove blockages in arteries, bypass diseased arteries, and replace vascular areas weakened by aneurysms Examples include life-saving surgery for patients with carotid artery disease or inadequate blood flow to the kidneys or digestive organs, angiography, prosthetic grafts, balloon angioplasty, stents, and stent-grafts

Form 990, Part III, Line 4c:

Orthopedic Services See Schedule O Orthopedic Services Expenses - $21,862,313, Revenue - $21,223,551 Methodist Medical Center's board-certified orthopedic surgeons are skilled in diagnosing and treating bone, muscle, and joint disorders Specialty areas include total hip and knee replacement, spinal surgeries, fractures, complex rotator cuff/shoulder repairs, and hand reconstruction The hospital's case volume continues to grow as it treated 6,453 orthopedic surgery patients in 2017 Using a series of best practice guidelines and standard orders, the staff treats patients efficiently and provides the best opportunity for optimal outcomes Intense inpatient rehabilitation begins after surgery in a group setting It is one way of maximizing the patient's chance for a full recovery Outpatient therapy may be continued at Methodist Therapy Center, which offers advanced physical, speech, and occupational therapies for both adults and children The therapy staff specializes in treating a variety of orthopedic, neurological and medical problems, with an emphasis on helping individuals overcome disability caused by disease, injury, developmental abnormality, or amputation The physical therapy staff at Methodist Medical Center provides care for orthopedic, neurological, and medical rehabilitation of individuals with neck, lower back, arm and leg injuries, sports and overuse injuries, arthritis, stroke, brain injury, and post-amputation needs Specialty programs include sports medicine and wound/burn care

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			
James D VanderSteeg President & CEO	0 00 50 00	X		X				0	1,444,249	177,701
Ed Anderson Director	0 00 1 00	X						0	1,296	0
Patrick Birmingham Director/VP Philanthropy	0 00 50 00	X						0	13,846	0
Gerald Boyd Director	0 00 1 00	X						0	1,437	0
Dr Willard Campbell Director	0 00 1 00	X						0	0	0
Dr Michael Casey Director	0 00 1 00	X						0	1,971	0
Ronni Chandler Director	0 00 1 00	X						0	1,193	0
Dr Mitchell Dickson Director	0 00 1 00	X						0	2,014	0
James Fitzsimmons Chairman	0 00 1 00	X						0	1,415	0
Jim Johnson Jr Director	0 00 1 00	X						0	948	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			
Amber Krupacs Director	0 00 1 00	X						0	1,031	0
Eddie Mannis Director	0 00 1 00	X						0	0	0
Timothy Matthews Director	0 00 1 00	X						0	0	0
Larry Mauldin Director	0 00 1 00	X						0	661	0
Dr Joseph Metcalf Director	0 00 1 00	X						8,121	21,836	0
Alvin Nance Director	0 00 1 00	X						0	1,402	0
Linda Ogle Director	0 00 1 00	X						0	0	0
Roger Osborne Director	0 00 1 00	X						0	692	0
Carl Storms Director	0 00 1 00	X						0	1,169	0
Richard Swanson Director	0 00 1 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 C Verble Director	0 00 1 00	X						0	0	0
John T Geppi EVP/CFO	0 00 50 00			X				0	884,318	28,575
Anthony L Spezia CEO - Emeritus	0 00 40 00			X				0	513,410	27,087
Jeremy Biggs President & CAO	50 00 0 00			X				0	383,345	12,095
Rick Carringer VP - Financial Services	33 00 22 00			X				193,630	0	15,152
Susan K Harris VP - Chief Nursing Officer	55 00 0 00				X			185,216	0	23,928
Shane D West Sr Medical Physicist	40 00 0 00					X		189,060	0	36,628
Sarah F Key Registered Nurse	40 00 0 00					X		141,971	0	12,782
Connie B Martin VP - Support Services	55 00 0 00					X		138,672	0	23,116
Janice A Green Registered Nurse	63 00 0 00					X		132,006	0	24,714

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			
Kathern S Sewell Registered Nurse	40 00 0 00					X		117,874	0	21,581
Michael R Belbeck Jr Former President & CAO	0 00 50 00						X	0	664,895	36,801
Julie G Utterback Former VP - Financial Services	0 00 55 00						X	0	195,232	32,218

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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 Medical Center

Employer identification number
62-0636239

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	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? *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*	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)? *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)*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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: 62-0636239

Name: Methodist Medical Center

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Methodist Medical Center

Employer identification number
62-0636239

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	1,228,626	1,133,024	952,064	889,288	820,204
b Contributions	185,974	358,463	341,328	234,882	200,455
c Net investment earnings, gains, and losses	54,280	15,680	11,609	17,430	10,886
d Grants or scholarships	495,736	239,056	133,914	136,753	100,753
e Other expenditures for facilities and programs	4,504	39,485	38,063	52,783	41,504
f Administrative expenses					
g End of year balance	968,640	1,228,626	1,133,024	952,064	889,288

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

- a Board designated or quasi-endowment ▶ 18 910 %
- b Permanent endowment ▶ 42 540 %
- c Temporarily restricted endowment ▶ 38 550 %

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

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

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		8,018,800		8,018,800
b Buildings		138,526,855	95,041,526	43,485,329
c Leasehold improvements		1,735,752	1,442,915	292,837
d Equipment		112,994,859	100,178,821	12,816,038
e Other		1,816,268	1,357,670	458,598
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				65,071,602

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	
Due to Affiliates, Net	203,832
Due to Third Party Payors	804,580
Long-term Deferred Compensation	804,560
Long-term Reserve for Workers Comp	4,185,391
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,998,363

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

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: 62-0636239
Name: Methodist Medical Center

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The endowment funds were established to provide a source of income for the following progr ams at Methodist Medical Center The Hospitality Houses, The Wellness Place, and the Jane Manly Quiet Room

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Note B to the consolidated audited financial statements of Covenant Health, parent company to Methodist Medical Center, reads in part "Income Taxes Covenant and certain of its subsidiaries or controlled entities are exempt from income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code Accordingly, no provision for income taxes on qualifying activities has been made for these entities in the accompanying consolidated financial statements However, certain entities and operations are subject to income taxes (see Note G) Note G reads in part "Covenant had no unrecognized tax benefits at December 31, 2017 and 2016 As such, no interest or penalties were recognized in the Consolidated Statements of Operations and Changes in Net Assets related to unrecognized tax benefits At December 31, 2017, tax returns for 2014 through 2017 are subject to examination by the Internal Revenue Service Covenant has no uncertain tax positions that would require financial statement recognition or disclosure under GAAP at December 31, 2017 or 2016 "

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ 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.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Methodist Medical Center

Employer identification number
62-0636239

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile 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)			13,914,945	3,768,657	10,146,288	5 720 %
b Medicaid (from Worksheet 3, column a)			42,260,632	31,384,961	10,875,671	6 130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			123,769	95,812	27,957	0 020 %
d **Total** Financial Assistance and Means-Tested Government Programs			56,299,346	35,249,430	21,049,916	11 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			4,705,997		4,705,997	2 650 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			69,324		69,324	0 040 %
j **Total.** Other Benefits			4,775,321		4,775,321	2 690 %
k **Total.** Add lines 7d and 7j			61,074,667	35,249,430	25,825,237	14 560 %

Part II **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			120		120	0 %
2 Economic development			14,242		14,242	0 010 %
3 Community support			57,390		57,390	0 030 %
4 Environmental improvements						
5 Leadership development and training for community members			2,202		2,202	0 %
6 Coalition building						
7 Community health improvement advocacy			150		150	0 %
8 Workforce development						
9 Other						
10 Total			74,104		74,104	0 040 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
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	9,188,136		
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	3,298,541		
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	40,810,008		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	46,497,804		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,687,796		
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	Yes	

Part IV **Management Companies and Joint Ventures**

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 None				
2					
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? **1**

	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)

Name of hospital facility or letter of facility reporting group Methodist Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ 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 17			
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www mmcoakridge com			
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 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www mmcoakridge com			
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)

Methodist Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www mmcoakridge com/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url) https //www mmcoakridge com/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www mmcoakridge com/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

Methodist Medical Center

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)

Methodist Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **8**

	Name and address	Type of Facility (describe)
1	1 - Thompson Cancer Services at Methodist 102 Vermont Avenue Oak Ridge, TN 37830	Radiation Therapy Center
2	2 - MMC Wound Treatment Center 160A West Tennessee Avenue Oak Ridge, TN 37830	Wound Care & Hyperbaric Oxygen Clinic
3	3 - Oak Ridge Breast Center 3rd Floor Cheyenne Ambulatory Center Oak Ridge, TN 37830	Breast Imaging Center
4	4 - Endoscopy Center of Oak Ridge 988 Oak Ridge Turnpike Ste 200 Oak Ridge, TN 37830	Endoscopy Center
5	5 - Methodist Therapy Outpatient Services 991 Oak Ridge Turnpike Oak Ridge, TN 37830	Physical, Occupational & Speech Therapy
6	6 - Methodist Sleep Diagnostic Center 944 Oak Ridge Turnpike Oak Ridge, TN 37830	Sleep Diagnostic Center
7	7 - MMC Cardiac Pulmonary Rehab Center 200 New York Avenue Ste 360 Oak Ridge, TN 37830	Cardiac Rehabilitation
8	8 - Cheyenne Outpatient Diagnostic Center 944 Oak Ridge Turnpike Oak Ridge, TN 37830	Diagnostic Imaging & Lab Services
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	In addition to the FPG (federal poverty guidelines), Methodist Medical Center utilizes an asset test as a factor in determining eligibility for free or discounted care Ten percent (10%) of the patient/guarantor's net assets will be added to income for determination of total annual income The guidelines for determining assets include, but are not limited to, primary dwelling (and attached land), automobiles, liquid assets, investments, farm land, business property, rental property, farm and/or business equipment including livestock and crops All real property will be considered at fair market value The values of both real and personal property will be reduced by any existing liabilities incurred by the applicant in obtaining the assets (net assets)
Part I, Line 6a	Covenant Health, the parent company of Methodist Medical Center and other affiliated acute care hospitals, prepares an annual Report to the Community on behalf of the entire system

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Amounts on Lines 7a-7c and certain program costs included on Line 7g are from the hospital's cost accounting system, which addresses all patient segments Other community benefit expenses are at cost from the general ledger
Part I, Line 7g	The organization has included $4,705,997 in physician sponsorship fees in total subsidized health services

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 9,188,136
Part II, Community Building Activities	Methodist Medical Center cares for the whole person and recognizes that improved social and economic conditions may lead to the improved health and well-being of the community The hospital's community building activities and those of its parent organization, Covenant Health, address many of the root causes of health problems, such as poverty and homelessness, and help find solutions to alleviate the symptoms An allocation of the Parent's community building expenditures has been made to each member hospital in proportion to the financial contribution of each to the health system Covenant Health is not a hospital and does not file Schedule H with its Form 990 Contributions in 2017 were made to organizations meeting the community's needs by providing *The basic needs of life including temporary shelter, food and clothing - Catholic Charities and Sacred Heart Church *Youth mentoring, development and after-school programs - Emerald Youth Foundation, and Great Smoky Mountain Council - Boy Scouts of America *Business recruitment and marketing initiatives that boost economic development - Innovation Valley, Inc and the East Tennessee Economic Development Agency *Leadership development programs and workshops - Leadership Knoxville and YWCA *Assistance and special programs for at risk, physically challenged, abused and neglected children - Sertoma Center, Inc and Variety of Eastern Tennessee (local chapter of Variety-The Children's Charity) *Improve access to health services - Interfaith Health Clinic, Knoxville Medical Mission Foundation and St Mary's Legacy Clinic *Programs targeting cancer patients and their families - Cancer Support Community, Inc and Komen Knoxville Race for Cure

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	Bad debt expense on Part III, Line 2 is the amount recorded in the organization's financial statements Discounts and payments on patient accounts are netted against bad debt The hospital complies with the 2016 change in IRC Section 501(r) requirements for reporting charity care
Part III, Line 3	At regular intervals, the Vice President of Patient Account Services analyzes all self-pay accounts receivables to identify patients who may have been eligible for charity care during a particular period, or year Because this analysis does not yield a final determination of eligibility due to various factors including but not limited to charity applications still in process, failure of eligible patients to submit their charity application, and applications still under consideration, further analysis of the accounts comprising the self-pay accounts receivable is conducted The accounts for which a patient was contacted to apply for charity care include an identifier, these charity-identified accounts are then categorized according to status A ratio of the dollar amounts of those accounts whose charity application is in process or has been approved divided by the total self-pay accounts receivable is computed This ratio is applied to the bad debt expense total to determine the estimated amount of the bad debt expense attributable to patients eligible for charity care according to the hospital's policy

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	Note B to the 2017 Audited Consolidated Financial Statements of the Covenant Health system, of which Methodist Medical Center is a member, reads in part "Patient accounts receivable are reported net of both an estimated allowance for uncollectible accounts and an estimated allowance for contractual adjustments The contractual allowance represents the difference between established billing rates and estimated reimbursement from Medicare, TennCare and other third-party payment programs The allowance for uncollectible accounts is estimated based upon the age of the patient accounts receivable, prior experience and any unusual circumstances (such as local, regional or national economic conditions) which affect the collectability of receivables, including management's assumptions about conditions it expects to exist and courses of action it expects to take Covenant's policy does not require collateral or other security for patient accounts receivable and Covenant routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies "
Part III, Line 8	Medicare Shortfall Methodist Medical Center believes that all of the $5 6 million shortfall reported in Line 7 should be considered as community benefit The IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients Medicare shortfalls must be absorbed by the hospital in order to continue treating the elderly in our community This year, Medicare patients accounted for 37% of total patient days (17,431 out of 47,709 total) The hospital provides care regardless of this shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries Costing Methodology Methodist Medical Center used a combination of sources in calculating Medicare allowable costs on Part III, Line 6 including its cost accounting system, general ledger accounting system, and facility-specific analyses and calculations

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	Methodist Medical Center utilizes a look-back method to determine the AGB (amounts generally billed) to establish the maximum amount that will be charged to FAP-eligible individuals for emergency or other medically necessary care Self-pay patients automatically receive a 70% discount on charges based on the facility's calculated AGB Federal poverty guidelines are utilized in the determination of charity care eligibility Patients who are unable to pay and have exhausted all sources of payment assistance may qualify for charity care A sliding scale is used for extending charity care utilizing the income levels reported under the federal poverty guidelines Patients/guarantors with income that falls below 200% of the federal poverty guidelines receive 100% charity care Patients/guarantors with income of 201-300% of the federal poverty guidelines receive 90% charity care For catastrophic illness, exceptions to income and asset limitations may be made on a case-by-case basis The amount considered for charity will be based upon the evaluation of the patient's/guarantor's ability to pay Methodist Medical Center makes reasonable efforts to determine a patient's eligibility under the facility FAP All collection activity will be halted if a charity application is received and will remain on hold until a determination is made by Methodist Medical Center and communicated in writing to the responsible party If the charity application is approved, all collection activities taken will be reversed and any amounts paid above the amount required will be refunded Patients/guarantors who qualify for partial financial assistance are responsible for paying any balance remaining after the charity adjustment and third party payments Once an account has been processed internally through routine collection channels, it may be assigned to an attorney or agency for collection Methodist Medical Center does not sell any accounts receivable accounts to outside firms All accounts remain property of and under the policies set by Methodist Medical Center Methodist Medical Center will not defer or deny medically necessary care because of nonpayment for previously provided care whether it was covered or not covered under the charity program
Part VI, Line 2	While the Community Health Needs Assessment is a formal means by which the health system assesses the needs of the community, there are many informal linkages that give the Covenant Health hospitals a sense of community issues and needs Methodist Medical Center obtains additional community information through the service of its employees with organizations including the Anderson County Health Advisory Committee, Chamber of Commerce, and Rotary Clubs, through its partnerships with the Free Medical Clinic of Oak Ridge and local businesses, and through its work with Ridgeview Behavioral Health Services, a local behavioral health provider

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	Methodist Medical Center informs patients and other persons who may be billed for patient care about its financial assistance policies by posting signs in highly visible areas of the hospital and including information about the financial assistance policy in patient booklets placed in all inpatient rooms In addition, the FAP and application are available via the facility website and notice of the availability of financial assistance is communicated via patient billing statements The following sign is posted in the main registration area, the Cheyenne Outpatient Diagnostic Center, and the Emergency Department registration entrance Financial Assistance Covenant Health is committed to providing quality health services in a caring environment It is the expressed philosophy of Covenant Health, and its member hospitals, that no one should be denied necessary medical care because of the inability to pay In conjunction with this philosophy, staffs of Methodist Medical Center are available to assist you with your financial needs If you are an uninsured person with no public or private source of payment for medical services, Methodist Medical Center, in compliance with Tennessee Code Annotated, Title 47, Chapter 18 and Title 68, will provide at a reduced rate, medically indicated services A financial counselor is available to assist you with these matters by calling 865-835-3600, Monday through Friday between the hours of 8 00 a m and 4 00 p m Signs are also posted at each registration desk and at Customer Service stating Financial Assistance It is Methodist Medical Center's philosophy that no one shall be denied medically necessary services based on an inability to pay Financial assistance applications for medically necessary services are available during the registration process or through our Financial Counselor's office To apply for financial aid, please ask our registration staff or contact the Counselor's office at 865-835-3600 The Financial Counselor is available Monday - Friday, 8 00 a m - 4 00 p m Methodist Medical Center employs full time financial counselors that meet with each uninsured patient In addition, Methodist Medical Center assists them with completion of a TennCare application and ensures the application is directed to the appropriate Department of Human Services The Charity Care Policy states that patients who are unable to pay and have exhausted all sources of payment assistance may be screened for potential charity care eligibility According to the policy, the financial counselors initiate screening of the patient and/or guarantor by obtaining income and other financial information to determine eligibility for charity care or discounted services
Part VI, Line 4	Methodist Medical Center (MMC) defines its primary market as the counties of Anderson and Roane in East Tennessee Anderson is a bedroom community to the metropolitan Knoxville area but is itself a rural county MMC is the only acute care hospital in Anderson County but shares its primary market with Roane County Medical Center in bordering Roane County According to internal hospital data for 2017, about 49% of the inpatient and outpatient consumers are Anderson County residents The following statistics are taken from the 2017 County Health Ranking data of the Robert Wood Johnson Foundation The population for Anderson County is 75,749 Anderson County has a higher percentage (19 2%) of its population over the age of 65 than many of its peer counties Twenty-one percent of the county's residents are under the age of 18 In 2017, 16% of the adults and 4% of the children are uninsured The unemployment rate is 6% According to the 2017 County Health Rankings Report of the Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute, Anderson County residents have the following health indicators that are above the national benchmarks Anderson - TN - National Adult Smoking 22% - 22% - 14% Adult Obesity 32% - 32% - 26% Alcohol impaired driving deaths 28% - 28% - 13% Teen Birthrate 40 - 42 - 17 of every 1,000 teenage girls Poor or Fair Health 20% - 20% - 12% Physical Inactivity 33% - 30% - 19% Drug Overdose Deaths 30 - 20 - 9 per 100,000 population

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	Methodist Medical Center (MMC), in conjunction with its parent company, Covenant Health, uses any available surplus of receipts over disbursements to expand and modernize the facility and to support the education of healthcare professionals, both of which serve to improve patient care and serve the unmet needs of the community Covenant Health's Board of Directors serves as MMC's board It is comprised of independent community leaders with diverse educational and professional backgrounds The board sets policies and provides oversight of MMC MMC maintains an open medical staff, with privileges available to all qualified physicians Additionally, the hospital operates an active and accessible emergency department that accepts all patients regardless of ability to pay
Part VI, Line 6	Methodist Medical Center (MMC), as a member of the Covenant Health system, benefits from the collaboration among all affiliated organizations to promote quality improvement, patient safety and efficient delivery of care for the communities served As a system, Covenant Health assures that business processes are in place at each facility to measure and report quality, to increase the role of compliance, and to integrate risk management, utilization review, peer review, mandatory reporting and quality improvement into one cohesive function In this way the system is able to use analytic tools to help identify any systemic inability to satisfy the various requirements on the part of the facilities MMC patients benefit from the availability of and ease of access to Covenant Health affiliated entities for services not provided by the hospital itself Transfer or referral to such services is expedited and coordinated to help create a seamless continuum of care A full range of community mental health and psychiatric hospital services are available within the system which help support the hospital's emergency room as well as provide an accessible and efficient pathway for those patients who require such services post discharge Other specialized services such as inpatient rehabilitation, home health and hospice services are provided by affiliated entities The Covenant Health system also enhances the patient's access to care through the provision of outpatient services in a variety of settings located throughout the service area * A majority of Roane County Medical Center's ER patients requiring transfer are sent to Methodist * Methodist transfers a high percentage of its patients who need home health care to Covenant Homecare * Covenant Medical Group manages the hospital's employed physicians * Covenant Health's corporate finance department completes Methodist's tax returns and cost reports and reports financials to the Board, etc * Covenant Health's corporate billing office bills Methodist's services to patients and insurance companies * Methodist's laboratory performs certain lab testing for other Covenant facilities * Methodist's Capacity Management Center takes calls for the Covenant Rapid Access Center for the system at night Foundation Support Methodist Medical Center Foundation was established in 1990 to acquire and accept charitable gifts for Methodist Medical Center to help all those in need receive the highest quality of care regardless of the ability to pay The Foundation is a separate, non-profit corporation which is governed by a volunteer Board of Directors, each of whom is a recognized leader in the communities MMC serves Annual fundraising events make it possible for the medical center to provide many important services and technologies to the community including * Free lodging at the Hospitality Houses for patients and families far from home,* Assistance to patients, families or employees who find themselves in desperate situations, * Support of cancer and palliative care programs, advanced cardiac and robotics technology,* Educational and scholarship support for medical center employees, and* A special fund for the greatest area of need Through this combination of resources and the collective development, implementation and monitoring clinical protocols and other improvement initiatives, the affiliated entities of Covenant Health are able to deliver higher quality care in a more efficient manner than could be achieved working independently

Additional Data

Software ID:

Software Version:

EIN: 62-0636239

Name: Methodist Medical Center

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

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? **1** Name, address, primary website address, and state license number		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**
1	Methodist Medical Center 990 Oak Ridge Turnpike Oak Ridge, TN 37830 www mmcoakridge com 00000001	X	X					X			

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
Methodist Medical Center	Part V, Section B, Line 5 Methodist Medical Center was guided in the assessment process by representatives of several community organizations whose expertise and relationships helped the hospital access the general population as well as the most vulnerable residents of Anderson County Assessment partners were recruited from the broader public health system including staff from the local health department, United Way director, local school system, court system, public safety, senior programs, and social service organizations that serve the needs of the community's most vulnerable and at-risk population The assessment process began with a half-day community health forum using an assessment tool "Forces of Change" by the Center for Disease Control Nearly thirty participants representing a diverse make up of stakeholders gave input into the significant issues facing Anderson County The Data Team members represented the health department, United Way, Free Medical Clinic of Oak Ridge, Allies for Substance Abuse Prevention in Anderson County and Aid to Distressed Families of Appalachian Counties These community leaders analyzed and distilled volumes of data into a short list of the most significant health issues affecting Anderson County Part V, Section B, Line 4 It was determined per audit that while the CHNA was prepared as of December 31, 2016, it was completed on May 8, 2017 with board approval

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
Methodist Medical Center	Part V, Section B, Line 6a Methodist Medical Center and Ridgeview Behavioral Health Services collaborated in the 2013 process and again on the 2017 assessment process Ridgeview is a private, not-for-profit, community mental health provider based in Oak Ridge, Tennessee, that operates a 16-bed inpatient psychiatric hospital adjacent to Methodist Medical Center, as well as numerous outpatient clinics in a five-county geographic area

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
Methodist Medical Center	Part V, Section B, Line 6b Methodist Medical Center's CHNA was conducted with the following organizations * Child Advocacy Center of Anderson County * Aid to Distressed Families of Appalachian Counties * United Way of Anderson County * Chamber of Commerce * Anderson County Head Start * TORCH - Trinity Out-Reach Center of Hope * Oak Ridge Tourism * Contact Help Line * CASA of the Tennessee Heartland * Anderson County Health Department * Ridgeview Behavioral Health Services * Anderson County Housing Program * Oak Ridge Police Department * Anderson County Schools * Anderson County Emergency Medical Services * Anderson County Sheriff Department * Free Medical Clinic of Oak Ridge * Boys and Girls Club of Oak Ridge * The ARC of Anderson County * Keystone Adult Day Program

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
Methodist Medical Center	Part V, Section B, Line 11 Methodist Medical Center is committed to addressing all four s ignificant health priorities identified in the CHNA report ObesityMethodist Medical Cente r participated in Covenant Health's "Get on Trails" to encourage residents to get out and walk local trails Individual participants sign up to walk 25 miles during a two month per iod, record their trails and distances, and redeem their hard work for an embroidered patc h Each subsequent year participants earn a new patch Methodist Medical Center publicizes this program to its employees and to the broader community In 2017, 322 participants com pleted the Dogwood Patch program The Biggest Winner is an annual program conducted for em ployees Each program cycle focuses on weight loss and improving personal health biometric s Local greenways and trails are used for the exercise component Pre- and post-testing h elp track health improvements In 2017, 10 employees participated The Friday Fitness Club hosts hikes on the first Friday of the month on trails in Roane County and adjacent counti es There were 84 participants on the hikes held in 2017 Methodist Medical Center's Famil y Education program partners with Kern United Methodist Church to host free weekly exercis e classes called "Mommy & Co Exercise " Mothers are encouraged to bring their babies and young children for an action-packed hour of exercise and fellowship Methodist Medical Cen ter also partners with Covenant Health's Bodyworks community exercise program to give adul ts safe and effective workouts for a nominal fee of $3 per individual, per class Asthma M ethodist Medical Center offers "Freedom from Smoking" classes through the hospital's cardi opulmonary rehab program The smoking cessation program is a six-class series that helps p articipants identify people, places and things that trigger their urge to smoke and works to create a smoking plan that fits their individual needs and helps them avoid a relapse Classes are offered quarterly and the $50 course fee is refundable upon completion of all six classes Methodist Medical Center, along with area hospitals and physician offices, wi ll partner with the Anderson County EMS provider to help develop a Community Paramedicine program This program will work to identify patients who are not able to receive home heal th or healthcare assistance at home Once identified, the goal is to place these individua ls in the Community Paramedicine program for at least 30 days to aid them in navigating th e healthcare community and managing their personal healthcare at home The goal of the pro gram is to reduce readmissions for high-risk patients such as those with COPD and CHF, as well as to decrease the use of emergency services, such as EMS and emergency departments, as primary care services The local EMS provider is still waiting on state approval to beg in the implementation of this program Diabetes Methodist Medical Center sponsors health i nformation programs for the co

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
Methodist Medical Center	mmunity on the last Tuesday of each month except during June, July, November and December Speakers provide educational information on a variety of topics including diabetes and di abetes-related issues such as wound care and treatment Audience size for these programs a verages around 55 participants Methodist Medical Center produces a four-page, bi-monthly i nsert in the Knoxville News Sentinel This insert is zoned specifically to subscribers in Methodist's five-county market and offers readers articles on health topics such as health y eating, exercise, diabetes prevention and maintenance, wound care, etc This insert has a circulation of approximately 9,000 Substance Abuse and Mental HealthMethodist Medical Ce nter will continue to serve as a partner and meeting site for the Anderson County Prescrip tion Drug Task Force Methodist Medical Center will continue to connect with local behavior al health providers such as Peninsula Behavioral Health (a department of Parkwest Medical Center) and Ridgeview Behavioral Health Services to provide programming on important menta l health topics to the community via Health Night on the Town

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
Methodist Medical Center	Part V, Section B, Line 16j Please see the explanation to Part VI, Line 3

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

Name of the organization
Methodist Medical Center

Employer identification number
62-0636239

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) Oak Ridge Chamber of Commerce 1400 Oak Ridge Turnpike Oak Ridge, TN 37830	62-0572006	501(c)(6)	12,250				Silver Millennium Partnership Support
(2) Roane State Community College Foundation 276 Patton Lane Harriman, TN 37748	58-1413034	501(c)(3)	15,000				Scholarship Fund Support

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 . . . . . ▶ 1

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	Contributions are distributed at the discretion of the Administration and Marketing departments for the purpose of enhancing and promoting healthcare within the local community The organization maintains records for check requests authorizing gifts and donations Recipients are trusted to use the funds for the purposes for which they were given

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Methodist Medical Center

Employer identification number
62-0636239

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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	
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?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	Tax gross-up payments related to deferred compensation and reimbursement of fees for personal services for legal and financial planning are provided to certain executives and managers These are treated as taxable compensation to the recipients
Part I, Line 3	Covenant Health, the parent company of Methodist Medical Center, used one or more of the methods listed in establishing the compensation of James D VanderSteeg Please see the statement to Core Part VI, Section B, Line 15a on Schedule O
Part I, Line 4b	James VanderSteeg, President & CEO, was a participant in a nonqualified deferred compensation (NQDC) plan The NQDC plan was established in 2016 Employer contributions to the plan during 2017 totaled $143,400, which is reported in Col C of Schedule J, Part II Interest earned during 2017 of $10,080 is not required to be reported in compensation in Part II, as Mr VanderSteeg is not vested in the plan Anthony Spezia, CEO-Emeritus, was a participant in two nonqualified deferred compensation plans, which are referred to as Plan A and Plan B In 2011 Mr Spezia vested in Plan A, and the accumulated balance as of August 1, 2011 was included in his 2011 taxable income An Amendment to Plan A was adopted effective August 1, 2011 which terminated further accruals (contributions) to the plan However, the Amendment allowed the accrual of interest on undistributed amounts which were subject to risk of forfeiture until such time as indicated in the Amendment Interest earned by Plan A and Plan B during 2017 was $199,910 and is not required to be reported in compensation in Part II as Mr Spezia is not vested in the 2017 earnings on Plan A or Plan B There were no employer contributions to Plan A during 2017 Plan B was established in 2011 Interest earned by Plan B during 2017 is included in the Plan A 2017 earnings amount It is not required to be reported in compensation in Part II as Mr Spezia is not vested in the 2017 earnings to Plan B There were no employer contributions to Plan B during 2017

Additional Data

Software ID:

Software Version:

EIN: 62-0636239

Name: Methodist Medical Center

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				
1James D VanderSteeg President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	915,074	405,000	124,175	154,000	23,701	1,621,950	0
1John T Geppi EVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	575,805	214,200	94,313	10,600	17,975	912,893	0
2Anthony L Spezia CEO - Emeritus	(i)	0	0	0	0	0	0	0
	(ii)	216,489	0	296,921	10,600	16,487	540,497	0
3Jeremy Biggs President & CAO	(i)	0	0	0	0	0	0	0
	(ii)	277,385	60,000	45,960	10,600	1,495	395,440	0
4Rick Carringer VP - Financial Services	(i)	155,642	23,000	14,988	7,031	8,121	208,782	0
	(ii)	0	0	0	0	0	0	0
5Susan K Harris VP - Chief Nursing Officer	(i)	131,692	20,000	33,524	7,367	16,561	209,144	0
	(ii)	0	0	0	0	0	0	0
6Shane D West Sr Medical Physicist	(i)	189,023	0	37	11,585	25,043	225,688	0
	(ii)	0	0	0	0	0	0	0
7Sarah F Key Registered Nurse	(i)	44,630	0	97,341	4,267	8,515	154,753	0
	(ii)	0	0	0	0	0	0	0
8Connie B Martin VP - Support Services	(i)	95,870	20,000	22,802	5,466	17,650	161,788	0
	(ii)	0	0	0	0	0	0	0
9Janice A Green Registered Nurse	(i)	130,692	0	1,314	4,090	20,624	156,720	0
	(ii)	0	0	0	0	0	0	0
10Michael R Belbeck Jr Former President & CAO	(i)	0	0	0	0	0	0	0
	(ii)	472,601	157,500	34,794	10,600	26,201	701,696	0
11Julie G Utterback Former VP - Financial Services	(i)	0	0	0	0	0	0	0
	(ii)	136,874	27,000	31,358	7,794	24,424	227,450	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Methodist Medical Center

Employer identification number
62-0636239

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	6	4,425	Fair market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,218	Fair market value
5 Clothing and household goods	X		473	Fair market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	16	2,313	Fair market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (House cost)	X	5	26,430	Fair market value
26 Other ▶ (Pond supplies)	X	1	501	Fair market value
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Methodist Medical Center

Employer identification number

62-0636239

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	2017 Report to the Community Covenant Health is a comprehensive, community-owned, not-for- profit health system serving 23 counties in East Tennessee Nine acute care hospitals loca ted in Knoxville and surrounding areas comprise the foundation of the health system Addit ional outpatient and specialty care departments are located throughout the region providin g diagnostic and surgery services, mental health and cancer treatments, and therapy and ho me health services Over 10,000 employees and 1,500 affiliated physicians are dedicated to improving the quality of life for the more than one million patients and families served each year Member organizations Hospitals Claiborne Medical Center Cumberland Medical Cen ter Fort Loudoun Medical Center Fort Sanders Regional Medical Center LeConte Medical Cente r Methodist Medical Center of Oak Ridge Morristown-Hamblen Healthcare System Parkwest Medi cal Center Peninsula Hospital, a division of Parkwest Medical Center Roane County Medical Center Outpatient and Specialty Care Covenant HomeCare and Hospice Covenant and Methodist Therapy Centers Fort Sanders West Diagnostic Center Fort Sanders West Outpatient Surgery C enter Morristown Regional Diagnostic Center Patricia Neal Rehabilitation Center Peninsula Outpatient Centers Thompson Cancer Survival Centers Covenant Breast Centers Covenant Joint Centers Covenant Sleep Centers Claiborne Nursing Home Fort Sanders Sevier Nursing Home Ph ysician Services Covenant Medical Group, Inc Other Programs and Services Fortress Corpora tion Fort Sanders Health and Fitness Center Nanny's Nursery Covenant Staffing Services Ten nessee Wesleyan University - Fort Sanders Nursing Foundations Fort Sanders Foundation Meth odist Medical Center Foundation Morristown-Hamblen Hospital Foundation Thompson Cancer Sur vival Center Foundation Patient Care Summary Population of 23-County Service Area 1,427,21 3 (2010 Census) 2014 2015 2016 Patient Care Summary 67,235 68,193 68,320 (Excludes nursing home) Inpatient Surgeries 16,908 16,585 17,426 Outpatient Surgeries 29,644 29,265 29,480 ED Visits 317,575 328,360 327,724 Outpatient Visits 1,040,593 1,061,082 1,091,009 Physicia n Office Visits 499,881 548,210 580,660 Leadership Jim VanderSteeg, Covenant Health's Pres ident and CEO, remains committed to the mission of improving the quality of life through b etter health and a vision of being the region's premier healthcare network through clinica l and service excellence Everyone associated with the health system knows and is committe d to the following Pledge of Excellence * The patient always comes first Our patients ar e the reason Covenant Health exists, and it is both a privilege and a high calling to care for them * We are committed to excellence Our patients and our coworkers in all areas o f the organization deserve nothing less * First and best choice - Covenant Health will st rive to be the organization that our communities instinctively seek out when they need hea lth care We will continually

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	work to be the best in every aspect of the care we provide Jim VanderSteeg and the execut ive leadership team have stated * We will lead courageously, being proactive in deliverin g excellent care and meeting the challenges of today's healthcare environment * We will b e honest in our business dealings and in our interactions with co-workers, patients,and th e communities we serve * We will use our resources wisely as we deploy medical services a nd technology in our local communities * We will collaborate to create a workplace cultur e where people know they are valued and how they connect to the mission and vision of Cove nant Health * We will encourage innovative thinking and creative ideas from all employees in order to make Covenant Health the best it can be Awards Several Covenant Health hospi tals received top recognitions from national organizations in 2017 * Cumberland Medical C enter in Crossville was named the Upper Cumberland's only "Top 100 Rural & Community Hospi tal" by iVantage Health Analytics and The Chartis Center for Rural Health It is one of on ly two hospitals in Tennessee to earn the 2017 designation * For the second year in a row , Fort Sanders Regional Medical Center in Knoxville has been named to a national list of " 100 Hospitals and Health Systems with Great Oncology Programs" by Becker's Hospital Review The Becker's editorial team selected hospitals and health systems that lead the way in o ncology expertise, outcomes, research and treatment options * LeConte Medical Center in S evierville was named among "100 Great Community Hospitals" by Becker's Hospital Review, al so for the second year in a row Hospitals on the list are recognized for quality, patient satisfaction and overall excellence, and play a key role in their communities as the cent erpiece for health care * The transition program at Peninsula, the behavioral health divi sion of Parkwest Medical Center, has been recognized as a Program of Excellence by the Ten nessee Association of Mental Health Organizations, and has achieved the lowest readmission rate to Peninsula Hospital compared to the past two years * Claiborne Health and Rehabil itation Center, affiliated with Claiborne Medical Center in Tazewell, earned a 2017 Bronze National Quality Award from the American Health Care Association and National Center for Assisted Living The award honors the facility's commitment to improving quality of care f or seniors and persons with disabilities Claiborne Health and Rehabilitation Center was o ne of 520 long-term facilities in 46 states and one of 10 nursing homes and two assisted l iving facilities in Tennessee to receive the award * Fort Sanders Sevier Nursing Home, af filiated with LeConte Medical Center in Sevierville, was named a 2017 Best Nursing Home by U S News and World Report To be included in the list, the nursing home had to earn at l east four stars (out of five) on the Centers for Medicare and Medicaid Services "Nursing H ome Compare" rating for the 10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	months of federal reports ending in August 2017, and had to earn a 4 5 or higher for at l east five of those months

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	Achievements Covenant HomeCare has been recognized as the first home health agency in Tenn essee and the third in the nation to reach Milestone 5, the highest level of a five-step H ome Health Quality Improvement initiative aimed at preventing heart attack and strokes Th e HHQI Cardiovascular Health Improvement initiative is an ongoing effort to reduce the inc idence of heart attack and stroke among home health patients through a series of best prac tice interventions It tracks data on aspirin and tobacco usage, blood pressure and choles terol levels among home health patients with ischemic vascular disease Covenant HomeCare offers skilled nursing, certified nursing assistants, physical therapy, speech therapy, oc cupational therapy and medical social services It is the area's largest non-profit home h ealth and hospice provider and serves more than 4,700 patients annually in 17 counties thr ough branches in Knoxville, Oak Ridge and Morristown Covenant HomeCare and Hospice scored 100% on CMS (Centers for Medicare and Medicaid) quality measures for patient care, includ ing evaluation and treatment for symptoms such as pain and shortness of breath, and patien ts' treatment preferences related to hospice care Stroke Care Covenant Health has the reg ion's only stroke hospital network for delivering advanced diagnostics and treatment to ha lt the devastating effects of stroke Residents in any of the 23 counties served have incr eased rates of survival due to a hub-and-spoke model for stroke treatment At the hub of t he network are Fort Sanders Regional Medical Center and Patricia Neal Rehabilitation Cente r An emergency department physician at any of the Covenant Health hospitals can confer wi th colleagues and administer the clot-busting drug tPA (tissue plasminogen activator) befo re transporting the patient to Fort Sanders Regional * Fort Sanders Regional Medical Cent er is an accredited Comprehensive Stroke Center, offering both advanced stroke treatment a nd the stroke rehab services of the Patricia Neal Rehabilitation Center * Other Covenant Health member hospitals are certified as advanced primary centers for stroke care, or are preparing to be certified as "stroke ready" facilities * Eighty-three percent of patients with stroke symptoms see an emergency physician within 15 minutes of arrival at Covenant Health hospitals, compared to a national average of 67% * Seventy-one percent of patients who have a neurological intervention for stroke at Fort Sanders Regional do not need a wh eelchair when they are discharged from the hospital * Fort Sanders Regional Medical Cente r exceeds the national average of patients who are able to go directly home after stroke t reatment Cancer Care The Covenant Health breast centers offer Digital 3D mammography - al so known as tomosynthesis which allows cancer to be detected much earlier It's a newer te chnology and especially helpful for women with dense breast tissue because it allows a mor e detailed look at the breast

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	tissue With 6 locations across the 23 county service area, patients have access to this n ew technology close to home At Covenant Health's breast center locations, patients receiv e their screening mammography results within 24 hours When cancer is caught in its earlie st stages, patients can undergo a shorter duration of radiation therapy Covenant Health r adiation oncology locations offer partial breast radiation which takes only five days, com pared to the traditional whole breast radiation course of four to six weeks In 2015 Coven ant Health began implementing a low dose CT (LDCT) program for lung cancer screening Now in maturity, the program led to the detection of 20 new cases of lung cancer in 2017 With this LDCT program, patients can receive treatment for earlier stages of lung cancer, impr oving the chance of sustainability Cardiac Care Covenant Health's heart hospitals began c ollaborating in 2012 to offer Transcatheter Aortic Valve Replacement (TAVR) Much has chan ged in the TAVR world since then Smaller catheters and surgical instruments have opened n ew pathways to the heart and opened the procedure to a wider range of candidates No longe r limited to elderly "inoperable" patients, TAVR is now available to younger patients and those deemed "high or intermediate risk " In addition, this therapy and technology are off ered locally so patients do not have to travel far * Covenant Health was the first to bri ng the life-saving TAVR procedure to our region * Covenant Health cares for more hearts t han any other area health system * Covenant Health's average door-to-balloon time for STE MI (heart attack) patients is 52 minutes, 42% faster than the national goal * Covenant He alth has more cardiac rehab locations than any other area health system Spine and Neuro C are Fort Sanders Regional is one of three centers for Covenant Health's spine surgery netw ork, which also has locations at Methodist and Parkwest Medical Centers The network uses a multidisciplinary team approach that includes neurosurgeons, orthopedic surgeons, nurses , and physical therapists Surgeons have access to the latest technology and methods for i npatient and outpatient surgeries, including minimally invasive techniques that result in faster recoveries, less postoperative pain, and fewer complications For patients needing spinal fusion, a neurosurgeon can perform a minimally invasive surgical procedure called T ransforaminal Lumbar Interbody Fusion (TLIF) a spinal fusion technique used to treat spond ylolisthesis, degenerative disc disease or recurrent disc herniations * Covenant Health's spine centers perform more than 2,300 elective spine surgeries each year * The spine cen ters treat conditions such as spinal cord injuries, herniated or ruptured discs, degenerat ive disc disease, spine tumors, sciatica, and others * Ninety-two percent of elective spi ne surgery patients are able to go directly home after surgery

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	Expansion and Renovation In 2017 Parkwest Medical Center began a $99 million expansion and renovation project to accommodate both patient care improvements and growth on Parkwest's main campus in west Knoxville Highlights of the project include * A new patient care to wer to better serve the hospital's inpatients and observation patients within specialized units * Additional operating rooms and an expansion of surgical support space within the existing main surgery area of the hospital * A dedicated entrance for surgical patients * Creation of a clinical observation unit to help staff and physicians better serve medica l and surgical observation patients who do not need to be admitted as inpatients * Reloca tion of the helipad closer to the Emergency Care Center The new location will allow quick er access for Covenant Health patients across the region who are airlifted to Parkwest for emergency medical care Physician Relationships Nearly 1,500 physicians are affiliated wi th Covenant Health hospitals and organizations as members of the health system's medical s taffs These physicians serve in leadership positions at their respective hospitals, and s everal represent their organizations and communities through membership in Covenant Health 's Board of Directors Covenant Medical Group, Inc,(CMG) comprises the health system's lar gest group of employed physicians CMG includes primary care and specialty physicians in m ore than 100 practice locations CMG also builds and maintains partnerships with physician s through joint ventures such as surgery centers and the development of service line strat egies that focus on improving the quality of patient care Physician and hospital agendas are aligned so that the first priority is always the patient The health system's goal is to work side by side with physicians to provide a seamless continuum of care and excellent outcomes Preparing Future Healthcare Professionals In 2017 Covenant Health welcomed a ne w group of medical students as part of the health system's partnership with DeBusk College of Osteopathic Medicine at Lincoln Memorial University in Harrogate, Tennessee It is the second year for the medical student program, which provides clinical experiences at Coven ant Health hospitals for aspiring physicians and mid-level providers Thirty-seven student s took part in an orientation highlighted by a traditional "white coat ceremony" in which each student received a personalized white coat to wear during their clinical training at Covenant Health hospitals Three of Covenant Health's member hospitals - Cumberland Medica l Center, Methodist Medical Center and Morristown-Hamblen Healthcare System - serve as cor e rotation sites for the program Under the direct supervision of physicians, the medical students interview and examine patients, review clinical information, make hospital rounds , participate in interdisciplinary team meetings, practice appropriate documentation and p erform procedures Covenant He

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	alth and LMU-DCOM by the numbers * Each core rotation site (Cumberland Medical Center, Me thodist Medical Center and Morristown-Hamblen Healthcare System) hosts 12 LMU-DCOM medical students for their 3rd and 4th year clinical rotations * During the 2016-17 clinical yea r, additional LMU-DCOM students completed electives at seven other Covenant Health locatio ns * The program depends on approximately 150 physicians throughout Covenant Health who s erve as preceptors (teachers) * About 160 LMU medical students have rotated through Coven ant Health facilities during the past two years Healthcare Education at Covenant Health * Covenant Health provided clinical experiences for more than 1,000 students in fall 2017 Students represented 10 colleges and medical specialty areas including nursing, pharmacy, rehabilitation and others * Sixteen universities routinely place students at Covenant Hea lth facilities for clinical training * Covenant Health partners with Tennessee Wesleyan U niversity - Fort Sanders Nursing Department to offer a bachelor of science in nursing degr ee and an RN-to-BSN program * Covenant Health offers a nurse residency program for recent nursing graduates, and supports advanced certification and continuing education for nurse s, and other healthcare professionals Community Outreach With local community assessment data identifying obesity as a significant health issue throughout East Tennessee, Covenant Health offers a variety of community opportunities to encourage physical activity among a ll ages More than 8,000 runners took part in the 13th annual Covenant Health Knoxville Ma rathon The two-day event included a Kids Run and 5k race on Saturday evening and a half-m arathon, four-person relay and full marathon on Sunday The 2017 event also included a Fit test Company Challenge and a Corporate Challenge Team of individuals representing area bus inesses who trained together in pursuit of healthier lifestyles while preparing for marath on events More than 2,000 children in grades 1-8 participated in the Covenant Kids Run, w hich included a kick-off event at Zoo Knoxville in January and each child logging "a marat hon's worth" of activity during the months leading up to a final one-mile group run Coven ant Health began the second year of the "Dogwood Patch" program in 2017, part of its healt h and fitness sponsorship of the Dogwood Arts Festival The health system offered a limite d-edition patch for anyone who completed 25 miles on featured Dogwood trails between April 1 and May 31 More than 400 people qualified to receive a patch in 2017 In Hamblen Count y, Covenant Health and Panther Creek State Park began a fall "Redbud Patch" program, offer ing a limited-edition patch for walkers who completed 26 2 miles of trails in the park Se veral group hikes were held, including an after-turkey-dinner walk on the day after Thanks giving The program ended with a New Year's Day group hike on Jan 1, 2018 The health sys tem sponsored additional group

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	hikes and walking events throughout the year in all counties where Covenant Health hospit als are located Support for Community Programs As Knoxville's largest employer and a busi ness organization with a significant presence in East Tennessee, Covenant Health is a comm itted corporate citizen and supports numerous charitable and community organizations in ca tegories such as * Health-related organizations * Community needs and outreach programs * Children, youth and education programs, including major sponsorship of The Change Center initiative for safe recreation, community activities and job training activities in Knoxvi lle's center city * Economic development * Community leadership development * Arts,recreat ion and quality of life In addition, Covenant Health and its affiliated Foundations have s upported community programs related to cancer outreach services (including mammography scr eenings), HIV/AIDS, leisure/recreation activities for persons with disabilities, and fitne ss activities for all ages Philanthropy Covenant Health has a strong foundation, thanks t o generous individuals and businesses across East Tennessee The fifth class of business a nd community leaders participated in the Office of Philanthropy's annual Covenant Health L eadership Academy They got a behind-the-scenes look at health care with tours of Covenant Health facilities, conversations with caregivers and administrators, and opportunities to observe surgical procedures and advanced technology Several Academy graduates have joine d Covenant Health fund raising event committees and Foundation boards, and are connecting Covenant facilities and programs with new philanthropic resources in the community Covena nt's Office of Philanthropy coordinates fund raising efforts at four foundations * Fort S anders Foundation (serving the needs of Fort Sanders Regional, Fort Loudoun, Parkwest, Roa ne,and Cumberland Medical Centers, Peninsula, and the Patricia Neal Rehabilitation Center) * Methodist Medical Center Foundation * Morristown- Hamblen Hospital Foundation * Thompso n Cancer Survival Center Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Methodist Medical Center Board of Directors has delegated to its Finance Committee the full power and authority of the Board to receive, review, approve, authorize the filing of, address and resolve audit or review issues, and otherwise take all action required or appropriate relative to IRS Forms 990 and other applicable tax filings The Finance Committee met in regular session in September, 2018, at which meeting executive management reviewed with the committee Form 990 and material information to be included in the form, discussed any material variations in the Form 990 as compared to those to be filed by the organization's affiliates, and answered questions of the committee regarding the Form 990 At the conclusion of review and discussion, the Finance Committee unanimously approved the Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Board members, officers and employees are required to adhere to rules and policies regarding conflicts of interest Covenant Health, the parent company of the organization, distributes a board-approved Code of Conduct to all employees The Code covers among other subjects, conflicts of interest Additionally, managers are required to complete and sign a bi-annual management certification that addresses conflicts of interest Board members' conflicts of interests are dealt within the corporate bylaws, and board members are required to complete and sign a conflict of interest questionnaire on an annual basis The Integrity Compliance Office maintains records that contain conflict of interest information obtained from board members, officers and employees These records are available to be queried prior to engaging in business transactions The Integrity Compliance Officer initially reviews all conflict of interest data Based on this information, the officer determines what conflicts of interest exist at that point in time Between times when surveys are collected board members are expected to disclose any new conflicts that have arisen that affect pending board decisions As well, managers and other employees are expected to report conflicts to the Integrity Compliance Officer as they arise Depending on the nature of the conflict and the circumstances surrounding the conflict and transaction, the Integrity Compliance Officer, Senior Leadership, or the Board of Directors may review the conflict of interest Where appropriate these bodies may also consult legal counsel Restrictions imposed on persons with a conflict of interest are determined on a case by case basis For Covenant Health employees, the Integrity Compliance Officer in conjunction with Executive Leadership determines how to appropriately handle the conflict In any conflict involving a board member, such member is expected to excuse himself or herself from voting on matters that give rise to the conflict

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Overall compensation policies for Methodist Medical Center, Covenant Health (Parent Company), and affiliates are set by the Compensation Committee of the Board of Directors ("the Committee"), which is comprised of independent members of the board The Committee is guided in its decision-making process by an independent, nationally-recognized executive compensation consultant experienced in advising nonprofit hospital boards Compensation policies for James VanderSteeg and John Geppi are reported on the 2017 Form 990 of Covenant Health, EIN 62-1646734 Form 990, Part VI, Section B, Line 15b Base salary and annual bonus opportunities for Jeremy Biggs, President and Chief Administrative Officer, are set by the Covenant Health CEO in consultation with the Senior Vice President-Human Resources, subject to approval of the Compensation Committee of the Covenant Health Board of Directors ("the Committee"), after review by and discussion with the executive compensation consultant ("the Consultant") to ensure that total compensation is reasonable and within a fair market value range Salary ranges are based upon the recommendations of the Consultant made after comparison with similar jobs in similar size health systems across the nation Bonuses are recommended by the CEO and approved by the Committee conditioned upon receipt of a written opinion from the Consultant that total compensation for the executive is reasonable and consistent with fair market value Base salary is initially targeted at midpoint and may vary according to market conditions, performance, tenure, experience, special skills or qualifications, recruitment and retention challenges, and other relevant factors Annual bonuses are designed to award 0-35% of base salary based upon system performance and accomplishment of certain targets established by the CEO Base salaries and annual bonus opportunities for Rick Carringer, Vice-President of Financial Services, and Susan Harris, Vice President and Chief Nursing Officer, are based on targets established by historical compensation consultant data and the Covenant Compensation department Salary ranges are based upon comparison with similar jobs in similar size health systems across the nation Base salaries and bonuses are approved by Executive Leadership predicated upon performance, and are reasonable and consistent with fair market value Base salaries are initially targeted at midpoint and may vary according to market conditions, performance, tenure, experience, special skills or qualifications, recruitment and retention challenges, and other relevant factors Annual bonuses are designed to award 0 - 20% of base salary based upon system performance and accomplishment of certain targets established by Executive Leadership

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Methodist Medical Center files a Joint Annual Report containing financial information with the Tennessee Department of Health Per its tax-exempt bond provisions, Covenant Health, the parent company of the organization, is required to file quarterly and annual consolidated and obligated group financial statements and other documentation with various bond insurers and other agencies, including the Electronic Municipal Market Access (EMMA) service of the Municipal Securities Rulemaking Board (MSRB) Any member of such a repository has access to these financial statements The organization's governing documents and conflict of interest policy are not made publicly available

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Contributed Capital- Affiliate -2,000,897

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The Audit Committee of the Board of Directors annually selects the external auditors for Covenant Health There is a joint meeting of the Finance Committee and Audit Committee of the Board of Directors where the audit of the consolidated financial statements are presented

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Methodist Medical Center

Employer identification number
62-0636239

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MMC Healthworks LLC 988 Oak Ridge Turnpike Ste L-50 Oak Ridge, TN 37830 02-0712412	Occupational health	TN			Methodist Medical Center

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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Fort Sanders West OP Surgery Center LLC 210 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 62-1366907	Outpatient surgery center	TN	N/A									
(2) Fort Sanders West Associates 280 Fort Sanders West Blvd Ste 214 Knoxville, TN 37922 62-1384171	Building ownership	TN	N/A									
(3) KOSC Properties LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2444076	Building ownership	TN	N/A									
(4) Knoxville Orthopaedic Surgery Center LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2437385	Orthopaedic surgery	TN	N/A									
(5) KOC 260 Bldg LLC 260 Fort Sanders West Blvd Knoxville, TN 37922 46-5228440	Land and building ownership	TN	N/A									
(6) CovenantUSP Surgery Centers LLC 15305 Dallas Parkway Ste 1600 Addison, TX 75001 36-4828197	Holding company	TN	N/A									
(7) Canterfield of Oak Ridge LLP 140 Bus Terminal Road Oak Ridge, TN 37830 27-4129674	Assisted living community	GA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Fortress Corporation 280 Fort Sanders West Blvd Ste 214 Knoxville, TN 37922 62-1308885	Management company	TN	N/A	C				Yes	
(2) Covenant Medical Group Inc 1400 Centerpoint Blvd Ste 100 Bldg Knoxville, TN 37932 62-1282917	Physician practice management	TN	N/A	C				Yes	
(3) Knoxville Heart Group 1819 Clinch Ave Ste 108 Knoxville, TN 37916 27-1528941	Cardiology medical practice	TN	N/A	C					No
(4) East TN Cardiovascular Surgery Group Inc 9125 Cross Park Drive Ste 200 Knoxville, TN 37923 62-1018541	Cardiovascular surgical practice	TN	N/A	C				Yes	

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

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) East TN Cardiovascular Surgery Group Inc	A	39,943	FMV
(2) Covenant Medical Group Inc	A	626,619	FMV
(3) Fortress Corporation	A	7,109	FMV

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 62-0636239
Name: Methodist Medical Center

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
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1646734	Supporting organization	TN	501(c)(3)	Line 12b, II	N/A		No
3001 Lake Brook Blvd Ste 101 Knoxville, TN 37909 62-1623114	Home health services and DME	TN	501(c)(3)	Line 10	Covenant Health		No
550 Fort Loudoun Medical Center Dr Lenoir City, TN 37772 62-1373691	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1901 W Clinch Ave Knoxville, TN 37916 62-0528340	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
280 Fort Sanders West Blvd Ste 202 Knoxville, TN 37922 62-1748601	Fundraising and patient outreach	TN	501(c)(3)	Line 12b, II	Covenant Health		No
Trustees Tower 501 19th St Ste 304 Knoxville, TN 37916 04-3760551	High risk obstetrical services	TN	501(c)(3)	Line 3	Fort Sanders Regional Medical Center		No
742 Middle Creek Road Sevierville, TN 37862 62-1114867	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
908 W 4th N St Morristown, TN 37814 62-0545814	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
9352 Park West Blvd Knoxville, TN 37923 58-1897274	Acute care hospital and behavioral health services	TN	501(c)(3)	Line 3	Covenant Health		No
8045 Roane Medical Center Dr Harriman, TN 37748 68-0673354	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1915 White Ave Knoxville, TN 37916 62-1250943	Cancer support center	TN	501(c)(3)	Line 3	Covenant Health		No
1915 White Ave Knoxville, TN 37916 62-1619239	Oncology services	TN	501(c)(3)	Line 3	Thompson Cancer Survival Center		No
990 Oak Ridge Turnpike Oak Ridge, TN 37830 62-1414205	Fundraising and patient outreach	TN	501(c)(3)	Line 12a, I	N/A		No
1915 White Ave Knoxville, TN 37916 58-2130450	Fundraising and patient outreach	TN	501(c)(3)	Line 12b, II	Covenant Health		No
421 S Main St Crossville, TN 385555048 62-0790132	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1850 Old Knoxville Rd Tazewell, TN 378793625 46-4420358	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Fort Sanders West OP Surgery Center LLC 210 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 62-1366907	Outpatient surgery center	TN	N/A									
Fort Sanders West Associates 280 Fort Sanders West Blvd Ste 214 Knoxville, TN 37922 62-1384171	Building ownership	TN	N/A									
KOSC Properties LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2444076	Building ownership	TN	N/A									
Knoxville Orthopaedic Surgery Center LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2437385	Orthopaedic surgery	TN	N/A									
KOC 260 Bldg LLC 260 Fort Sanders West Blvd Knoxville, TN 37922 46-5228440	Land and building ownership	TN	N/A									
CovenantUSP Surgery Centers LLC 15305 Dallas Parkway Ste 1600 Addison, TX 75001 36-4828197	Holding company	TN	N/A									
Canterfield of Oak Ridge LLP 140 Bus Terminal Road Oak Ridge, TN 37830 27-4129674	Assisted living community	GA	N/A									