efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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) 374-3140

G Gross receipts $ 165,645,510

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	1,195
6	Total number of volunteers (estimate if necessary)	**6**	210
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-91,580
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)	436,219	188,468
9	Program service revenue (Part VIII, line 2g)	181,669,589	161,190,714
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,372	48,551
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,022,287	1,711,550
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,241,467	163,139,283
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,518	58,880
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)	60,877,802	59,364,495
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)	125,756,347	101,207,988
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	186,676,667	160,631,363
19	Revenue less expenses Subtract line 18 from line 12	-2,435,200	2,507,920

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	86,199,580	103,315,658
21	Total liabilities (Part X, line 26)	25,189,086	28,039,804
22	Net assets or fund balances Subtract line 21 from line 20	61,010,494	75,275,854

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

****** 2019-10-03
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

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 $ 156,954,039 including grants of $ 58,880) (Revenue $ 161,268,580)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 156,954,039

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
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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**		No
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**		No
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**	74		
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**	1,195		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	18		
	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**	16		
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**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶Amy DeLong 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 (865) 374-3140

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) ▶								1,269,863	4,543,513	496,589

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 7000 Cardinal Place Dublin, OH 43017	Pharmacy Management	7,622,712
Optumrx 11000 Optum Circle Eden Prairie, MN 55344	Pharmacy Claims Services	1,328,886
Airtech Service Co Inc 7140 Small Creek Way Powell, TN 37849	HVAC Maintenance	1,273,032
GE Healthcare 500 West Monroe St Fl 21 Chicago, IL 60661	Maintenance & Support	1,176,240
Medic Regional Blood Center 1601 Ailor Avenue Knoxville, TN 37921	Blood Processing	987,775

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 ▶ 26

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	178,468		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,000		
	g Noncash contributions included in lines 1a - 1f $ 11,105				
	h Total. Add lines 1a-1f . . . . . ▶		188,468		
Program Service Revenue		Business Code			
	2a Medical Services	622110	161,034,365	161,034,365	
	b Rental Income - Exempt Affiliate	531120	156,349	156,349	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		161,190,714		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		48,551		48,551
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	2,880,096			
	b Less rental expenses	2,506,227			
	c Rental income or (loss)	373,869			
	d Net rental income or (loss) . . . . . ▶		373,869	-91,580	465,449
		(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	868,405		868,405
	b Gift Shop	453220	232,274		232,274
	c Volunteer Sales	900099	62,025		62,025
	d All other revenue		174,977	77,866	97,111
	e Total. Add lines 11a–11d . . . . . ▶		1,337,681		
	12 Total revenue. See Instructions . . . . . ▶		163,139,283	161,268,580	-91,580	1,773,815

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	42,430	42,430		
2 Grants and other assistance to domestic individuals See Part IV, line 22	16,450	16,450		
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	668,785		668,785	
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	48,053,735	47,587,807	465,928	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,304,415	1,295,456	8,959	
9 Other employee benefits	5,842,325	5,720,538	121,787	
10 Payroll taxes	3,495,235	3,417,369	77,866	
11 Fees for services (non-employees)				
a Management	15,423,238	14,772,684	650,554	
b Legal	84,574		84,574	
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)	19,392,684	19,389,682	3,002	
12 Advertising and promotion	173,760	168,810	4,950	
13 Office expenses	1,018,300	831,638	186,662	
14 Information technology				
15 Royalties . .				
16 Occupancy	5,701,713	4,851,535	850,178	
17 Travel	21,467	19,024	2,443	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	34,490	29,795	4,695	
20 Interest	80,921	80,921		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	7,943,173	7,473,958	469,215	
23 Insurance . . .	199,684	196,400	3,284	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	35,722,813	35,722,813		
b Bad Debt	8,663,830	8,663,830		
c Minor Equipment	4,524,999	4,524,999		
d Food/Dietary	974,019	973,896	123	
e All other expenses	1,248,323	1,174,004	74,319	
25 **Total functional expenses.** Add lines 1 through 24e	160,631,363	156,954,039	3,677,324	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		4,641	1	4,401
	2	Savings and temporary cash investments		-588,011	2	-20,211
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,314,131	4	18,989,258
	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		3,697,613	8	3,068,723
	9	Prepaid expenses and deferred charges		1,698,184	9	1,280,245
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 284,657,178			
	b	Less accumulated depreciation	10b 206,111,906	65,071,602	10c	78,545,272
	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			13	
	14	Intangible assets			14	400,000
	15	Other assets See Part IV, line 11		1,001,420	15	1,047,970
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		86,199,580	16	103,315,658
Liabilities	17	Accounts payable and accrued expenses		19,063,951	17	22,175,508
	18	Grants payable			18	
	19	Deferred revenue		9,540	19	0
	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		117,232	23	85,260
	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		5,998,363	25	5,779,036
	26	**Total liabilities.** Add lines 17 through 25		25,189,086	26	28,039,804
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		61,010,494	27	75,275,854
	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		61,010,494	33	75,275,854
	34	Total liabilities and net assets/fund balances		86,199,580	34	103,315,658

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	163,139,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,631,363
3	Revenue less expenses Subtract line 2 from line 1	3	2,507,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,010,494
5	Net unrealized gains (losses) on investments	5	-62,776
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	11,820,216
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,275,854

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, Part III, Line 4a:

Methodist Medical Center ("Methodist") first opened as an Army hospital in 1943 Now, 75 years later, the hospital is an Advanced Primary Stroke Center and provides medical specialties ranging from cardiology and orthopedics to oncology and wound care It has 301 licensed beds, 1000+ employees, and over 180 physicians in 33 specialties SERVICEMethodist served 153,770 patients in 2018 Of these, 143,357 were outpatients and 10,413 were inpatients with an average length-of-stay of 4 34 days The hospital is best known for its services in orthopedics, cardiology, oncology, rehabilitation therapy services, sleep diagnostics, and wound treatment It is listed as one of the IBM Watson's Top 50 Cardiovascular Hospitals in the country and received a designation as a High-Performing Hospital for Coronary Artery Bypass Graft (CABG) heart procedures by U S News & World Report Methodist'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 treated 5,018 orthopedic surgery patients in 2018 Using a series of best-practice guidelines, the hospital treats patients efficiently and effectively for optimal outcomes Methodist offers a full continuum of heart-related care and services, including open-heart surgery Methodist opened one of the first chest pain centers in the area The AACVPR-accredited cardiac and pulmonary rehabilitation program has a 5,000-square-foot facility and offers an individualized plan of monitored exercise and education in a medically supervised environment PUTTING PATIENTS FIRSTMethodist is certified under 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 for excellence in stroke care The hospital is also a member of Covenant Health's stroke hospital network, which links Covenant Health's member hospitals in providing our region with access to rapid diagnosis and treatment of stroke Methodist's Wound Treatment Center team of physician specialists and nurses help patients with conditions such as diabetic wounds, venous stasis ulcers, and radiation wounds Hyperbaric oxygen therapy ("HBOT") is one of several advanced treatment options available at the center HBOT stimulates the formation of new blood vessels, improves flow of oxygen to tissues, and increases formation of fibrous tissues, helping patients recover from non-healing wounds Methodist operates three Hospitality Houses which provide free temporary lodging to cancer patients and their families who must travel to Oak Ridge for extended treatment The houses also are available to other patients needing long-term treatment as space allows IMPROVING THE COMMUNITY'S QUALITY OF LIFE THROUGH BETTER HEALTHMethodist offers a variety of classes, support groups and outreach programs for the community, including childbirth classes, exercise classes, smoking cessation, and safe sitter classes Its periodic "Health Night on the Town" programs are free to the public and present physicians and other healthcare professionals discussing healthcare topics of community interest COVENANT HEALTH SYSTEMMethodist is a member of Covenant Health Covenant Health is a comprehensive, community-owned health system dedicated to improving the health of the people it serves Established in 1996 by the consolidation of Fort Sanders Health System, Knoxville, Tennessee, and MMC HealthCare System in Oak Ridge, Covenant Health is governed by a voluntary board of directors comprised of community leaders and medical professionals With more than 10,000 employees, affiliated physicians and volunteers, Covenant Health is the Knoxville area's largest employer and has been named by Forbes as a Best Employer four years in a row Covenant Health includes nine acute care hospitals in East Tennessee Methodist Medical Center of Oak Ridge, Fort Sanders Regional Medical Center and Parkwest Medical Center in Knoxville, Fort Loudoun Medical Center in Lenoir City, LeConte Medical Center in Sevierville, Morristown-Hamblen Healthcare System in Morristown, Roane Medical Center in Harriman, Claiborne Medical Center in Tazewell and Cumberland Medical Center in Crossville It also includes Peninsula, a division of Parkwest Medical Center, a behavioral health hospital in Blount County, Tennessee Affiliated organizations include Thompson Cancer Survival Center, Thompson Oncology Group, Fortress Corporation and Subsidiaries, Covenant HomeCare, and Fort Sanders Perinatal Center Philanthropic organizations include Fort Sanders Foundation and the Thompson Cancer Survival Center Foundation in Knoxville, Methodist Medical Center Foundation in Oak Ridge, Dr Robert F Thomas Foundation in Sevierville, and Morristown-Hamblen Hospital Foundation in Morristown Funds raised by the foundations provide services, equipment and other resources for excellence in patient care Methodist, 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

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			
Gerald Boyd Director	0 00 1 00	X						0	1,237	0
Willard Campbell MD Director	0 00 1 00	X						0	0	0
Michael Casey MD Director	0 00 1 00	X						0	1,572	0
Ronni Chandler Director	0 00 1 00	X						0	0	0
Mitchell Dickson MD Director	0 00 1 00	X						0	1,612	0
James Fitzsimmons Director/Chair	0 00 1 00	X		X				0	1,081	0
James Gibson Director	0 00 1 00	X						0	1,081	0
Eddie Mannis Former Director (through March 2018)	0 00 1 00	X						0	0	0
Timothy Matthews Director	0 00 1 00	X						0	1,438	0
Larry Mauldin Director	0 00 1 00	X						0	1,429	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			
Joseph Metcalf MD Director	0 00 1 00	X						8,121	5,925	0
Linda Ogle Director	0 00 1 00	X						0	0	0
Roger Osborne Director	0 00 1 00	X						0	0	0
Cosby Stone Director	0 00 1 00	X						0	0	0
Carl Storms Director	0 00 1 00	X						0	1,563	0
Richard Swanson Director	0 00 1 00	X						0	0	0
David C Verble Director	0 00 1 00	X						0	0	0
Amber Wisner Director	0 00 1 00	X						0	1,438	0
James D VanderSteeg President & CEO	0 00 50 00	X		X				0	1,578,890	192,255
John T Geppi EVP/CFO	0 00 50 00			X				0	951,309	27,744

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			
Anthony L Spezia CEO - Emeritus	0 00 40 00			X				0	606,147	15,119
Jeremy H Biggs President & CAO	50 00 0 00			X				0	425,051	14,835
Rick A Carringer VP - Financial Services	30 00 20 00			X				217,563	0	15,354
Susan K Harris VP - Chief Nursing Officer	50 00 0 00				X			212,716	0	22,985
Connie B Martin VP - Support Services	50 00 0 00				X			177,384	0	22,784
Shane D West Sr Medical Physicist	40 00 0 00					X		203,584	0	36,240
Janice A Green Registered Nurse	40 00 0 00					X		138,709	0	24,545
Angela R Charles Radiology Supervisor	50 00 0 00					X		105,518	0	6,141
Scott E Wing Lab Manager	50 00 0 00					X		105,465	0	23,036
Donna M Longmire Director Surgical Services	50 00 0 00					X		100,803	0	27,716

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			
Michael R Belbeck Jr Fmr MMC Pres/CAO, Curr EVP-Hosp Ops	0 00 50 00						X	0	759,315	36,146
Julie G Utterback Fmr MMC VP-Finance, Curr CMG VP-Fin	0 00 50 00						X	0	204,425	31,689

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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	968,640	1,228,626	1,133,024	952,064	889,288
b Contributions	168,334	185,974	358,463	341,328	234,882
c Net investment earnings, gains, and losses	27,674	54,280	15,680	11,609	17,430
d Grants or scholarships	189,417	495,736	239,056	133,914	136,753
e Other expenditures for facilities and programs	13,020	4,504	39,485	38,063	52,783
f Administrative expenses					
g End of year balance	962,212	968,640	1,228,626	1,133,024	952,064

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

- a Board designated or quasi-endowment ▶ 20 170 %
- b Permanent endowment ▶ 42 750 %
- c Temporarily restricted endowment ▶ 37 080 %

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		140,658,284	99,144,855	41,513,429
c Leasehold improvements		1,737,866	1,481,642	256,224
d Equipment		130,715,602	104,095,767	26,619,835
e Other		3,526,626	1,389,642	2,136,984
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				78,545,272

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	254,415
Due to Third Party Payors	571,009
Long-term Deferred Compensation	768,221
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)* ▶	5,779,036

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	Excerpt from the consolidated audited financial statements of Covenant Health (Covenant), parent company to Methodist Medical Center Covenant and certain of its subsidiaries or co ntrolled entities are exempt from income taxes pursuant to Section 501(c)(3) of the Intern al Revenue Code Accordingly, no provision for income taxes on qualifying activities has b een made for these entities in the accompanying consolidated financial statements However , certain entities and operations are subject to income taxes Covenant had no unrecognize d tax benefits at December 31, 2018 As such, no interest or penalties were recognized in the consolidated financial statements related to unrecognized tax benefits At December 31 , 2018, tax returns for 2015 through 2018 are subject to examination by the Internal Reven ue Service Covenant has no uncertain tax positions that would require financial statement recognition or disclosure under GAAP at December 31, 2018

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

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)			13,353,206	4,158,965	9,194,241	6 050 %
b Medicaid (from Worksheet 3, column a)			37,408,947	28,147,280	9,261,667	6 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			110,867	93,298	17,569	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			50,873,020	32,399,543	18,473,477	12 150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			83,291		83,291	0 050 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			6,199,647		6,199,647	4 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			60,606		60,606	0 040 %
j **Total.** Other Benefits			6,343,544		6,343,544	4 170 %
k **Total.** Add lines 7d and 7j			57,216,564	32,399,543	24,817,021	16 320 %

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			147		147	0 %
2 Economic development			5,150		5,150	0 %
3 Community support			50,479		50,479	0 030 %
4 Environmental improvements						
5 Leadership development and training for community members			715		715	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			56,491		56,491	0 030 %

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 8,663,830			
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 3,110,315			
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	39,995,413
6	Enter Medicare allowable costs of care relating to payments on line 5	6	45,229,797
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,234,384
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					
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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	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) See Part V, Page 8			
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) See Part V, Page 8			
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 - Endoscopy Center of Oak Ridge 988 Oak Ridge Turnpike Ste 200 Oak Ridge, TN 37830	Endoscopy Center
4	4 - Methodist Therapy Outpatient Services 991 Oak Ridge Turnpike Oak Ridge, TN 37830	Physical, Occupational & Speech Therapy
5	5 - Oak Ridge Breast Center 3rd Floor Cheyenne Ambulatory Center Oak Ridge, TN 37830	Breast Imaging Center
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), MMC 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 MMC 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	Subsidized health services includes the difference between the cost of services and the payments received for those services The organization has included $6,199,647 in physician sponsorship fees in total subsidized health services All subsidized health services included on line 7g are for services that would otherwise be unavailable in the community or be below the community's needs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The Bad Debt expense included on Form 990, Part IX, Line 24a, but subtracted for purposes of calculating the percentage in this column is $8,663,830
Part II, Community Building Activities	MMC 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 2018 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 Ladies of Charity) - Youth mentoring, development and after-school programs (Emerald Youth Foundation, Boys and Girls Club, The Change Center, Young Life, Williams Creek Youth Foundation and the Dollywood Foundation) - Business recruitment and marketing initiatives that boost economic development (East Tennessee Economic Development Agency and Knoxville Urban League) - Leadership development programs and workshops (Leadership Knoxville and Junior Achievement) - Assistance and special programs for at risk older adults, people with physical and mental challenges, and abused and neglected children (Senior Citizens Home Assist, Sertoma Center, Inc , East TN Technology Access Center, and Variety-The Children's Charity of Eastern Tennessee) - Improve access to health services (Interfaith Health Clinic, St Mary's Legacy Clinic, and Knoxville Academy of Medicine) - Programs supporting patients and their families (Alzheimer's Tennessee, Cancer Support Community, Inc and Random Acts of Flowers)

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 allowance for bad debt is determined based on management's assessment of factors including the age of the accounts, historical collections data, and industry standards
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 2018 Audited Consolidated Financial Statements of the Covenant Health system, of which MMC is a member, states Patient accounts receivable are reported net of an estimated allowance for contractual adjustments and an allowance for implicit price concessions 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 MMC believes that all of the $5 2 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 33% of total patient days (15,356 out of 45,860 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 MMC 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	MMC utilizes a look-back method to determine amounts generally billed ("AGB") to establish the maximum amount that will be charged to individuals eligible under the financial assistance policy ("FAP") 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 MMC 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 MMC 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 MMC will not engage in extraordinary collection actions ("ECA") before it makes reasonable efforts to determine whether an individual who has an unpaid bill is eligible for financial assistance Reasonable efforts to determine whether the individual who has an unpaid bill is eligible for financial assistance include notification to the individual of the financial assistance policy, contacting individuals who have submitted incomplete financial assistance applications regarding how to complete the application, and allowing a reasonable time period to do so, and reviewing completed applications for financial assistance eligibility MMC does not sell any accounts receivable accounts to outside firms All accounts remain property of and under the policies set by MMC MMC 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 CHNA is a formal means by which the health system assesses the needs of the community, there are many informal networks that give the Covenant Health hospitals a sense of community issues and needs MMC 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 Covenant Health, the parent organization, maintains community benefit professionals working year-round to ensure that all hospitals are assessing and addressing the needs of the communities served

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	MMC informs patients and other persons who may be billed for patient care about its FAP by posting signs in highly visible areas of the hospital and including information about the FAP 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 MMC employs full time financial counselors that meet with each uninsured patient In addition, MMC assists the patient with completion of a TennCare application and ensures the application is directed to the appropriate Department of Human Services The FAP 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	MMC defines its primary market as the counties of Anderson and Roane in East Tennessee Anderson County 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 2018, about 51% of the inpatient and outpatient consumers are Anderson County residents The following statistics are taken from the 2018 County Health Ranking data of the Robert Wood Johnson Foundation The population for Anderson County is 75,936 Anderson County has a higher percentage (19 7%) 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 2018, 13% of the adults and 3% of the children are uninsured The unemployment rate is 5% According to the 2018 County Health Rankings Report of the Robert Wood Johnson Foundation and the 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 21% - 22% - 14% Adult Obesity 31% - 32% - 26% Alcohol impaired driving deaths 33% - 28% - 13% Teen Birthrate 39 - 36 - 15 of every 1,000 teenage girls Poor or Fair Health 19% - 19% - 12% Physical Inactivity 34% - 30% - 20% Drug Overdose Deaths 33 - 22 - 10 per 100,000 population

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	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 The board 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	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 MMC - MMC 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 MMC's tax returns and cost reports and reports financials to the Board, etc - Covenant Health's corporate billing office bills MMC's services to patients and insurance companies - MMC's laboratory performs certain lab testing for other Covenant facilities - MMC'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 MMC 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 ("MMC") 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 Community Health Needs Assessment ("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 MMC 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 MMMC, 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 MMC'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 - Anderson County Head Start - TORCH - Trinity Out-Reach Center of Hope - Oak Ridge Tourism - 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 - Chamber of Commerce - Contact Help Line

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 MMC is committed to addressing all four significant health pri orities identified in the CHNA report ObesityMMC participated in Covenant Health's "Get o n Trails" to encourage residents to walk local trails Individual participants walk 25 mil es during a two month period, record their trails and distances, and redeem their hard wor k for an embroidered patch Each subsequent year participants earn a new patch MMC public izes this program to its employees and to the broader community In 2018, 141 participants completed the Dogwood Patch program The Biggest Winner is an annual program conducted fo r employees Each program cycle focuses on weight loss and improving personal health biome trics Local greenways and trails are used for the exercise component Pre- and post-testi ng help track health improvements The Friday Fitness Club hosts hikes on the first Friday of the month on trails in Roane County and adjacent counties In 2018, four hikes were or ganized and led by Covenant Health's promotion coordinator Eighty-one residents partici pa ted in these four hiking events MMC's Family Education program partners with Kern United Methodist Church to host free weekly exercise classes for mothers and their children MMC also partners with Covenant Health's Bodyworks community exercise program to give adults s afe and effective workouts for a nominal fee of $3 per individual, per class Asthma MMC o ffers "Freedom from Smoking" classes through the hospital's cardiopulmonary rehab program The smoking cessation program is a six-class series that helps participants identify peop le, places and things that trigger their urge to smoke and works to create a smoking plan t0 fit their individual needs and helps them avoid a relapse Classes are offered quarterl y and the $50 course fee is refundable upon completion of all six classes MMC, along with area hospitals and physician offices, will partner with the Anderson County EMS provider to help develop a Community Paramedicine program This program will work to identify patie nts who are not able to receive home health or healthcare assistance at home Once identif ied, the goal is to place these individuals in the Community Paramedicine program for at l east 30 days to aid them in navigating the healthcare community and managing their persona l healthcare at home The goal of the program is to reduce readmissions for high-risk pati ents 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 begin the implementation of this program DiabetesMM C sponsors health information programs for the community eight of twelve months of the yea r Speakers provide educational information on a variety of topics including diabetes and diabetes-related issues such as wound care and treatment Audience size for these programs averages around 55 participan

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	ts MMC produces a four-page, bi-monthly insert in the Knoxville News Sentinel This insert is zoned specifically to subscribers in MMC's five-county market and offers readers artic les on health topics such as healthy eating, exercise, diabetes prevention and maintenance , wound care, etc This insert has a circulation of approximately 9,000 Substance Abuse an d Mental HealthMMC will continue to serve as a partner and meeting site for the Anderson C ounty Prescription Drug Task Force MMC will continue to connect with local behavioral heal th providers such as Peninsula Behavioral Health (a department of Parkwest Medical Center) and Ridgeview Behavioral Health Services to provide programming on important mental healt h 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 All other ways in which the hospital widely publicizes the FAP are discussed in detail in Part VI, Line 3

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

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

Form and Line Reference	Explanation
Part V, Line 7a, CHNA website	https //www mmcoakridge com/community-health-needs-assessment/

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

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

Form and Line Reference	Explanation
Part V, Line 10a, Implementation Strategy Website	https //www mmcoakridge com/community-health-needs-assessment/

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

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

Form and Line Reference	Explanation
Part V, Line 20d, Presumptive Eligibility Determinations	The hospital follows the eligibility procedures as detailed within the FAP and does not make presumptive eligibility determinations

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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) Dialysis Treatments	6	16,450			
(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	Grant funds are provided to charitable organizations for the purpose of enhancing and promoting health care in the community The organization has guidelines in place to review the eligibility of grantees, and all grants require written documentation and appropriate levels of approval The organization also provides other post-hospital care assistance to eligible individuals Funds are generally not tracked after being granted as the original eligibility and selection criteria have been met

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oak Ridge Chamber of Commerce 1400 Oak Ridge Turnpike Oak Ridge, TN 37830	62-0572006	501(c)(6)	10,000				Silver Millennium Partnership support
Roane State Community College Foundation 276 Patton Lane Harriman, TN 37748	58-1413034	501(c)(3)	15,000				Scholarship Fund support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Methodist Medical Center Foundation 1420 Centerpoint Blvd Bldg C Knoxville, TN 37932	62-1414205	501(c)(3)	6,500				General support, Hospitality Houses

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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 Amounts are included in taxable compensation

Return Reference	Explanation
Part I, Line 3	Covenant Health, the parent company of Methodist Medical Center, used the following methods in establishing the compensation of President/CEO, James D VanderSteeg compensation committee, independent compensation consultant, written employment contract, compensation survey or study, and approval by the board or compensation committee Additional detail is provided in response to Form 990, Part VI, Section B, Lines 15a and 15b within Schedule O

Return Reference	Explanation
Part I, Line 4b	Covenant Health maintains a nonqualified deferred compensation ("NQDC") plan intended to support retention of President and CEO, James D VanderSteeg Employer contributions of $158,608 are reported as deferred compensation on Schedule J, Part II, Column C Contributions along with 2018 earnings of $19,018 are subject to a substantial risk of forfeiture Amounts are combined with other compensation and considered for reasonableness Compensation procedures are discussed in detail in Schedule O (Form 990, Part VI, Section B, Line 15a) Anthony L Spezia retired as President and CEO in 2016 after serving Covenant Health for twenty years Mr Spezia was named CEO-Emeritus and continued serving the organization through early 2018 as a consultant During 2018, Mr Spezia received distributions from two NQDC plans resulting from contributions and associated earnings on contributions Amounts vested in 2018 total $476,126 and are included in other reportable compensation on Schedule J, Part II, Column B(iii)

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				
James D VanderSteeg President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,023,861	420,000	135,029	169,408	22,847	1,771,145	0
John T Geppi EVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	605,182	251,100	95,027	10,800	16,944	979,053	0
Anthony L Spezia CEO - Emeritus	(i)	0	0	0	0	0	0	0
	(ii)	49,155	0	556,992	10,800	4,319	621,266	0
Jeremy H Biggs President & CAO	(i)	0	0	0	0	0	0	0
	(ii)	300,090	76,500	48,461	0	14,835	439,886	0
Rick A Carringer VP - Financial Services	(i)	166,298	28,000	23,265	7,464	7,890	232,917	0
	(ii)	0	0	0	0	0	0	0
Susan K Harris VP - Chief Nursing Officer	(i)	122,449	52,679	37,588	7,501	15,484	235,701	0
	(ii)	0	0	0	0	0	0	0
Connie B Martin VP - Support Services	(i)	114,838	34,833	27,713	5,594	17,190	200,168	0
	(ii)	0	0	0	0	0	0	0
Shane D West Sr Medical Physicist	(i)	195,232	0	8,352	11,898	24,342	239,824	0
	(ii)	0	0	0	0	0	0	0
Janice A Green Registered Nurse	(i)	136,816	688	1,205	4,294	20,251	163,254	0
	(ii)	0	0	0	0	0	0	0
Michael R Belbeck Jr Fmr MMC Pres/CAO, Curr EVP-Hosp Ops	(i)	0	0	0	0	0	0	0
	(ii)	487,387	202,500	69,428	10,800	25,346	795,461	0
Julie G Utterback Fmr MMC VP-Finance, Curr CMG VP-Fin	(i)	0	0	0	0	0	0	0
	(ii)	140,741	31,350	32,334	8,097	23,592	236,114	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 VI, Section A, line 4	In 2018, the Covenant Health system-wide bylaws were amended to provide that new directors who have not previously served on the board will be elected to an initial one-year term i nstead of three years (the previous standard) Amendments also grant authority to the comp ensation committee to negotiate and approve the CEO's compensation The bylaws were also a mended to authorize the board to establish special board committees which may be terminate d by resolution of the board The chairman of the board may establish special board commit tees to advise executive leadership, other board committees or the full board Committees may be composed of elected or ex-officio board members Also in 2018, Covenant Health adop ted system-wide medical staff bylaws The bylaws created two new committees System Qualit y Committee and System Credentials and Clinical Standard Committee The System Quality Com mittee consists of licensed physician voting board members, other appointed voting board m embers, Covenant Health's CEO, and the chiefs of staff of Covenant Health system hospitals The committee shall review quality of patient care, perform other duties assigned in the system-wide medical staff documents, receive and review proposed amendments to the medica l staff documents and make recommendations to the board, initiate quality-related investig ations, and act as a Quality Improvement Committee as defined under Tennessee law The Sys tem Credentials and Clinical Standard Committee consists of licensed physician voting boar d members and other appointed board members Covenant Health's VP of Hospital Operations, Chief Medical Officer, and Chief Nursing Officer shall also serve as non-voting members of the committee The committee shall develop and implement system-wide clinical standards, perform other duties as outlined in the medical staff documents, make determinations regar ding routine credentialing matters and medial staff appointments/terminations, and act as a Quality Improvement Committee as defined under Tennessee law Other 2018 amendments to t he governing documents were not considered significant

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Covenant Health is the sole member of Methodist Medical Center

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Covenant Health's board of directors also serves as the board of directors for Methodist Medical Center

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Governance decisions of Methodist Medical Center are subject to approval of the sole member, Covenant Health

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Covenant Health board of directors has delegated to its Finance Committee the full pow er and authority of the board to receive, review, approve, authorize the filing of, addres s and resolve audit or review issues, and otherwise take all action required or appropriat e relative to IRS Forms 990 and other applicable tax filings Prior to filing Form 990, ma nagement reviews with the committee the returns, discusses any material variations in the Form 990 as compared to those to be filed by the organization's affiliates, and answers an y questions At the conclusion of review and discussion, the Finance Committee approves th e 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 regard ing conflicts of interest Covenant Health, the parent company of the organization, distri butes a board-approved Code of Conduct to all employees The Code covers among other subje cts, conflicts of interest Additionally, managers are required to complete and sign a bi- annual management certification that addresses conflicts of interest Board members' confl icts of interests are addressed in 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 key employees These records are available to be querie d prior to engaging in business transactions The Chief Compliance Officer initially revie ws all conflict of interest data Based on this information, the officer determines what c onflicts 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 pe nding board decisions Officers and other employees are expected to report conflicts to th e Chief Compliance Officer as they arise Depending on the nature of the conflict and the circumstances surrounding the conflict and transaction, the Chief Compliance Officer, seni or leadership, or the board of directors may review the conflict of interest When appropr iate, these parties 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 employee s, the Chief Compliance Officer in conjunction with Covenant Health Executive Leadership d etermines how to appropriately manage the conflict In any conflict involving a board memb er, such member is expected to recuse himself or herself from voting on matters related to the conflict

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Form 990, Part VI, Section B, Line 15a Overall compensation policies for Methodist Medica l Center, Covenant Health (Parent Company), and affiliates are set by the Compensation Com mittee of the board of directors, ("the Committee"), which is comprised of independent mem bers of the board The Committee is guided in its decision-making process by an independen t, nationally-recognized executive compensation consultant experienced in advising nonprof it hospital boards The Covenant Health CEO is compensated by Covenant Health, and a detai led description of the compensation process is included on Covenant Health's 990 The proc ess for Methodist Medical Center's CEO is included in response to Part VI, Section B, Line 15b Form 990, Part VI, Section B, Line 15b Base salary and annual bonus opportunities f or Jeremy Biggs, President and Chief Administrative Officer, are set by the Covenant Healt h 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 Consultan t") 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 w ith 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 fr om the Consultant that total compensation for the executive is reasonable and consistent w ith fair market value Base salary is initially targeted at midpoint and may vary accordin g to market conditions, performance, tenure, experience, special skills or qualifications, recruitment and retention challenges, and other relevant factors Annual bonuses are desi gned to award 0-35% of base salary based upon system performance and accomplishment of cer tain targets established by the CEO Base salaries and annual bonus opportunities for othe r officers and key employees are based on targets established by historical compensation c onsultant data and the Covenant Health Compensation department Salary ranges are based up on comparison with similar jobs in similar size health systems across the nation Base sal aries and bonuses are approved by Executive Leadership predicated upon performance, and ar e reasonable and consistent with fair market value Base salaries are initially targeted a t midpoint and may vary according to market conditions, performance, tenure, experience, s pecial 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 per formance 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 consolida ted and obligated group financial statements and other documentation with various bond ins urers 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 a ccess to these financial statements The organization's governing documents and conflict o f interest policy are not made publicly available

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Intercompany Purchased Srvcs Program service expenses 777,142 Management and general exp enses 0 Fundraising expenses 0 Total expenses 777,142 Other Purchased Services Program service expenses 12,214,461 Management and general expenses 0 Fundraising expenses 0 T otal expenses 12,214,461 Sponsorship Fees Program service expenses 6,398,079 Management and general expenses 0 Fundraising expenses 0 Total expenses 6,398,079 Other fees-Mngm nt-990 Program service expenses 0 Management and general expenses 3,002 Fundraising ex penses 0 Total expenses 3,002

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers of Capital 11,820,216

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318012079

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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

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) Section 512(b)(13) controlled entity? 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) Disproprtionate 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 1420 Centerpoint BlvdBldg C Knoxville, TN 37932 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 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 46-5228440	Land and building ownership	TN	N/A									
(6) Knoxville Health Care Center LP POBox 1398 Murfreesboro, TN 371331398 62-1019281	Rehabilitation Center	TN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Fortress Corporation 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1308885	Management company	TN	N/A	C				Yes	
(2) Covenant Medical Group Inc 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1282917	Physician practice management	TN	N/A	C				Yes	
(3) Knoxville Heart Group 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 27-1528941	Cardiology medical practice	TN	N/A	C				Yes	
(4) East TN Cardiovascular Surgery Group Inc 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 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	Yes	
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	40,146	FMV
(2) Covenant Medical Group Inc	A	582,378	FMV
(3) Fortress Corporation	A	7,109	FMV
(4) Methodist Medical Foundation	B	178,468	Cash/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)

Return Reference	Explanation

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
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 46-4420358	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1623114	Home health services	TN	501(c)(3)	Line 10	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-0790132	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1373691	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-0528340	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1748601	Fundraising and patient outreach	TN	501(c)(3)	Line 12b, II	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 04-3760551	High risk obstetrical services	TN	501(c)(3)	Line 3	Fort Sanders Regional Medical Center		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1114867	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1414205	Fundraising and patient outreach	TN	501(c)(3)	Line 12a, I	Methodist Medical Center	Yes	
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-0545814	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 58-1897274	Acute care hospital & behavioral health services	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 68-0673354	Acute care hospital	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1250943	Cancer support center	TN	501(c)(3)	Line 3	Covenant Health		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1619239	Oncology Services	TN	501(c)(3)	Line 3	Thompson Cancer Survival Center		No
1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 58-2130450	Fundraising and patient outreach	TN	501(c)(3)	Line 12b, II	Covenant Health		No