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Form 990

Department of the TreasuryInternal 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

2019

Open to Public Inspection

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

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

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 ▶

D Employer identification number
62-0636239

E Telephone number
(865) 374-3140

G Gross receipts \$ 171,312,073

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) () ◀(insert no.)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ <https://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

Activities & Governance

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)

18

4

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

16

5

Total number of individuals employed in calendar year 2019 (Part V, line 2a)

1,192

6

Total number of volunteers (estimate if necessary)

174

7a

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

-96,795

7b

Net unrelated business taxable income from Form 990-T, line 39

0

Revenue

Prior Year

Current Year

8

Contributions and grants (Part VIII, line 1h)

188,468

159,572

9

Program service revenue (Part VIII, line 2g)

161,190,714

167,075,305

10

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

48,551

43,914

11

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

1,711,550

1,731,243

12

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

163,139,283

169,010,034

Expenses

13

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

58,880

89,336

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)

59,364,495

61,149,511

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)

101,207,988

105,726,420

18

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

160,631,363

166,965,267

19

Revenue less expenses. Subtract line 18 from line 12

2,507,920

2,044,767

Net Assets or Fund Balances

Beginning of Current Year

End of Year

20

Total assets (Part X, line 16)

103,315,658

98,687,119

21

Total liabilities (Part X, line 26)

28,039,804

28,024,596

22

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

75,275,854

70,662,523

Part II

Signature Block

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

Sign Here

Signature of officer

JOHN T GEPPI EVP/CFO

Type or print name and title

2020-11-12

Date

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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 \$ 163,011,506 including grants of \$ 89,336) (Revenue \$ 167,131,914)
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 ▶ 163,011,506

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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	106
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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)								1,288,901	4,280,943	505,694

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 ▶ 12

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	9,097,597
OptumRx 11000 Optum Circle Eden Prairie, MN 55344	Pharmacy Claims Services	1,301,612
Medic Regional Blood Center 1601 Ailor Avenue Knoxville, TN 37921	Blood Processing	1,261,995
MMC Anesthesia Group PC 2095 Lakeside Centre Way Knoxville, TN 37922	Physician Services	995,607
Associated Pathologists LLC PO Box 639259 Cincinnati, OH 45263	Lab Services	922,007

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 ▶ 27

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	116,172									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	43,400									
	g Noncash contributions included in lines 1a - 1f:\$		1g	9,932									
	h Total. Add lines 1a-1f		159,572										
Program Service Revenue			Business Code										
	2a Net Patient Revenue		622110	166,932,344		166,932,344							
	b Rental Income - Exempt Affiliate		531120	142,961		142,961							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		167,075,305										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			43,914						43,914			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	2,735,862									
	b Less: rental expenses		6b	2,302,039									
	c Rental income or (loss)		6c	433,823									
	d Net rental income or (loss)				433,823		-96,795		530,618				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss)												
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances . . .		10a										
b Less: cost of goods sold . . .		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a Cafeteria Sales			722514		889,220				889,220				
b Gift Shop			453220		214,653				214,653				
c Volunteer Sales			453220		57,673				57,673				
d All other revenue					135,874		56,609		79,265				
e Total. Add lines 11a-11d					1,297,420								
12 Total revenue. See instructions					169,010,034		167,131,914		-96,795				
									1,815,343				

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,988	49,988		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,348	39,348		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	649,645		649,645	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	47,638,629	47,160,540	478,089	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,531,542	1,511,972	19,570	
9 Other employee benefits	7,889,873	7,714,671	175,202	
10 Payroll taxes	3,439,822	3,362,170	77,652	
11 Fees for services (non-employees):				
a Management	16,944,843	16,238,821	706,022	
b Legal	95,791		95,791	
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)	19,646,334	19,612,961	33,373	
12 Advertising and promotion	144,305	139,948	4,357	
13 Office expenses	1,126,196	840,825	285,371	
14 Information technology				
15 Royalties				
16 Occupancy	5,833,127	4,922,601	910,526	
17 Travel	16,720	14,306	2,414	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,250	32,254	8,996	
20 Interest	6,303	6,303		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,800,140	8,370,661	429,479	
23 Insurance	222,768	218,494	4,274	
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	36,107,145	36,107,145	0	
b Bad Debt	10,275,081	10,275,081	0	
c Minor Equipment	4,171,877	4,171,877	0	
d Food/Dietary	1,049,675	1,049,609	66	
e All other expenses	1,244,865	1,171,931	72,934	
25 Total functional expenses. Add lines 1 through 24e	166,965,267	163,011,506	3,953,761	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		4,401	1	4,475	
	2	Savings and temporary cash investments		-20,211	2	-2,158,618	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		18,989,258	4	18,910,473	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,068,723	8	3,099,403	
	9	Prepaid expenses and deferred charges		1,280,245	9	1,439,555	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	287,226,780			
	b	Less: accumulated depreciation	10b	211,940,137	78,545,272	10c	75,286,643
	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		400,000	14	929,887	
	15	Other assets. See Part IV, line 11		1,047,970	15	1,175,301	
16	Total assets. Add lines 1 through 15 (must equal line 34)		103,315,658	16	98,687,119		
Liabilities	17	Accounts payable and accrued expenses		22,175,508	17	21,361,076	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		85,260	23	53,289	
	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		5,779,036	25	6,610,231	
	26	Total liabilities. Add lines 17 through 25		28,039,804	26	28,024,596	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		75,275,854	27	70,662,523	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		75,275,854	32	70,662,523	
33	Total liabilities and net assets/fund balances		103,315,658	33	98,687,119		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	169,010,034
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,965,267
3	Revenue less expenses. Subtract line 2 from line 1	3	2,044,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,275,854
5	Net unrealized gains (losses) on investments	5	94,205
6	Donated services and use of facilities	6	3,265
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,755,568
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,662,523

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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.		

Software ID:

Software Version:

EIN: 62-0636239

Name: Methodist Medical Center

Form 990 (2019)

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 165,722 patients in 2019. Of these, 154,974 were outpatients and 10,748 were inpatients with an average length-of-stay of 4.26 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 4,990 orthopedic surgery patients in 2019. 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 FIRST Methodist 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's Family Birthing Center is recognized by the Tennessee Department of Health and Tennessee Hospital Association as one of Tennessee's "BEST" places for babies to be born. The "BEST for Babies" award focuses on hospital excellence around breastfeeding, early elective delivery reduction, and safe sleep for Tennessee babies. 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 HEALTH Methodist 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 SYSTEM Methodist is 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 a Best Employer five times by Forbes. 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	1,550	0
Willard Campbell MD Director	0.00 1.00	X						0	0	0
Michael Casey MD Director	0.00 1.00	X						0	0	0
Ronni Chandler Director	0.00 1.00	X						0	1,343	0
Mitchell Dickson MD Former Director (through Aug. 2019)	0.00 1.00	X						0	1,489	0
James Fitzsimmons Director/Chair	0.00 1.00	X		X				0	1,563	0
James Gibson Director	0.00 1.00	X						0	1,495	0
Amber Wisner Director	0.00 1.00	X						0	1,071	0
Timothy Matthews Director	0.00 1.00	X						0	1,733	0
Larry Mauldin Director	0.00 1.00	X						0	1,507	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						8,122	4,325	0
Dave Miller Director	0.00 1.00	X						0	1,413	0
Alvin Nance Director	0.00 1.00	X						0	1,378	0
Linda Ogle Director	0.00 1.00	X						0	0	0
Roger Osborne Former Director (through April 2019)	0.00 1.00	X						0	0	0
King Purnell Director	0.00 1.00	X						0	0	0
Randy Reid MD Former Director (through Nov. 2019)	0.00 1.00	X						0	1,202	0
Cosby Stone Director	0.00 1.00	X						0	1,068	0
Carl Storms Director	0.00 1.00	X						0	1,307	0
Joe Sutter Director	0.00 1.00	X						0	1,528	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			
Richard Swanson Former Director (through Sept. 2019)	0.00 1.00	X						0	0	0
James D VanderSteeg President & CEO	0.00 50.00	X		X				0	1,798,925	207,223
John T Geppi EVP/CFO	0.00 50.00			X				0	980,571	28,517
Jeremy H Biggs President & CAO	50.00 0.00			X				0	455,163	33,836
Rick A Carringer VP - Financial Services	0.00 30.00 20.00			X				226,403	0	16,579
Michael Cavacos VP - Chief Nursing Officer	50.00 0.00				X			195,937	0	8,203
Connie B Martin VP - Support Services	50.00 0.00				X			177,678	0	24,845
Shane D West Sr. Medical Physicist	40.00 0.00					X		209,934	0	32,356
Janice A Green Registered Nurse	40.00 0.00					X		126,382	0	19,690
Jo Ann Stanofil Registered Nurse	40.00 0.00					X		122,058	0	28,048

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			
Scott E Wing Lab Manager	40.00 0.00					X		107,249	0	22,728
Katherine A McDowell Registered Nurse	40.00 0.00					X		115,138	0	13,492
Michael R Belbeck Jr Fmr MMC Pres/CAO; Curr EVP-Hosp Ops	0.00 50.00						X	0	812,527	37,223
Julie G Utterback Fmr MMC VP-Finance; Curr CMG VP-Fin.	0.00 50.00						X	0	209,785	32,954

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1			Distributable amount for 2019 from Section C, line 6
2			Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.
3			Excess distributions carryover, if any, to 2019:
a			From 2014.
b			From 2015.
c			From 2016.
d			From 2017.
e			From 2018.
f			Total of lines 3a through e
g			Applied to underdistributions of prior years
h			Applied to 2019 distributable amount
i			Carryover from 2014 not applied (see instructions)
j			Remainder. Subtract lines 3g, 3h, and 3i from 3f.
4			Distributions for 2019 from Section D, line 7:
			\$
a			Applied to underdistributions of prior years
b			Applied to 2019 distributable amount
c			Remainder. Subtract lines 4a and 4b from 4.
5			Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.
8			Breakdown of line 7:
a			Excess from 2015.
b			Excess from 2016.
c			Excess from 2017.
d			Excess from 2018.
e			Excess from 2019.

Additional Data

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

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

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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

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

☐

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	962,212	968,640	1,228,626	1,133,024	952,064
b	163,525	168,334	185,974	358,463	341,328
c	26,246	27,674	54,280	15,680	11,609
d	147,247	189,417	495,736	239,056	133,914
e	18,993	13,020	4,504	39,485	38,063
f					
g	985,743	962,212	968,640	1,228,626	1,133,024

2

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

a

Board designated or quasi-endowment ▶ 20.490 %

b

Permanent endowment ▶ 41.730 %

c

Temporarily restricted endowment ▶ 37.780 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
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		143,300,327	103,243,020	40,057,307
c Leasehold improvements		1,737,866	1,515,487	222,379
d Equipment		131,531,625	107,181,630	24,349,995
e Other		2,638,162		2,638,162
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				75,286,643

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	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	6,610,231

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 programs 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 controlled entities are exempt from income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes on qualifying activities has been made for these entities in the accompanying consolidated financial statements. However, certain entities and operations are subject to income taxes. Covenant had no unrecognized tax benefits at December 31, 2019. As such, no interest or penalties were recognized in the consolidated financial statements related to unrecognized tax benefits. At December 31, 2019, tax returns for 2016 through 2019 are subject to examination by the Internal Revenue Service. Covenant has no uncertain tax positions that would require financial statement recognition or disclosure under GAAP at December 31, 2019.

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 2019 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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 eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,031,461	338,223	8,693,238	5.550 %
b Medicaid (from Worksheet 3, column a)			35,362,760	26,458,186	8,904,574	5.680 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			94,614	83,881	10,733	0.010 %
d Total Financial Assistance and Means-Tested Government Programs			44,488,835	26,880,290	17,608,545	11.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			117,567		117,567	0.080 %
f Health professions education (from Worksheet 5)			385		385	0 %
g Subsidized health services (from Worksheet 6)			6,301,798		6,301,798	4.020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			56,106		56,106	0.040 %
j Total. Other Benefits			6,475,856		6,475,856	4.140 %
k Total. Add lines 7d and 7j			50,964,691	26,880,290	24,084,401	15.380 %

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						
2 Economic development			12,394		12,394	0.010 %
3 Community support			57,728		57,728	0.040 %
4 Environmental improvements						
5 Leadership development and training for community members			3,503		3,503	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			73,625		73,625	0.050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	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	10,275,081	
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	4,418,285	
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	38,559,292	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	41,210,889	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,651,597	
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)
Methodist Medical Center**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>See Part V, Page 8</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Page 8</u>	10	Yes
a		
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			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a ☒ The FAP was widely available on a website (list url): 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☐ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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 Survival Ctr at MMC 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 - Oak Ridge Breast Center 3rd Floor Cheyenne Ambulatory Center Oak Ridge, TN 37830	Breast Imaging Center
5 5 - Methodist Therapy Outpatient Services 991 Oak Ridge Turnpike Oak Ridge, TN 37830	Physical, Occupational & Speech Therapy
6 6 - Methodist Sleep Diagnostic Center 944 Oak Ridge Turnpike Oak Ridge, TN 37830	Sleep Diagnostic Center
7 7 - MMC Cardiac Pulmonary Rehab Center 200 New York Avenue Ste 360 Oak Ridge, TN 37830	Cardiac Rehabilitation
8 8 - Cheyenne Outpatient Diagnostic Center 944 Oak Ridge Turnpike Oak Ridge, TN 37830	Diagnostic Imaging & Lab Services
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c:	In addition to the FPG (federal poverty guidelines), 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 \$6,301,798 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 \$10,275,081.
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 2019 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, Great Smoky Mountain Council, Young Life, Williams Creek Youth Foundation and the Dollywood Foundation) - Business recruitment and marketing initiatives that boost economic development (East Tennessee Economic Development Agency, Innovation Valley, Inc., and Knox Area Chamber of Commerce) - Leadership development programs and workshops (Leadership Knoxville and Knoxville Urban League) - Assistance and special programs for at risk older adults, people with physical and mental challenges, and abused and neglected children (Helen Ross McNabb Center, Senior Citizens Home Assist, Sertoma Center, Inc.) - Improve access to health services (East TN Children's Hospital, Interfaith Health Clinic, St. Mary's Legacy Clinic, and Knoxville Academy of Medicine) - Programs supporting patients and their families (Alzheimer's Tennessee, Compassion in Action, 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 Revenue Cycle 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 2019 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 \$2.65 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 31% of total patient days (14,449 out of 46,693 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 2019, a little less than 50% of the inpatient and outpatient consumers are Anderson County residents. The following statistics are taken from the 2019 County Health Ranking data of the Robert Wood Johnson Foundation. The population for Anderson County is 76,257. Anderson County has a higher percentage (19.8%) 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 2019, 11% of the adults and 3% of the children are uninsured. The unemployment rate was 3.9%. In support of the significant findings from the 2019 CHNA, the following data points support the conclusions of the 2019 assessment: Substance Abuse - Seventy one percent of survey respondents identified substance abuse (drug and alcohol) as the number one health concern in Anderson County. - In a county with a population of 76,257, there are 21,285 persons receiving opioids for pain. - There are 1,301 opioid prescriptions in Anderson County per 1,000 residents. Mental Health - In Anderson County, there is a ratio 1,110 residents for each mental health services provider. This compares with the state ratio of 700:1. - There is a national and local shortage of psychiatrists. Tobacco/Vaping - Of the top two causes of death in Anderson County, cancer and respiratory disease, smoking is a major contributing risk factor. - Twenty-one percent of adults in Anderson County smoke. - While vaping is relatively new on the scene, local data is scarce. However, school officials are alarmed at the number of high school students who are vaping. Lack of Physical Activity and Obesity - Thirty-two percent of adults and thirty-nine percent of school age youth report obesity. - While 66% of residents report adequate access for physical activity, 28% of adults report no leisure time physical activity.

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		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 https://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") conducted its third Community Health Needs Assessment ("CHNA") in 2019. A Steering Committee was formed to guide the assessment process and included staff from the Anderson County Health Department, Oak Ridge Free Medical Clinic, MMC, and Ridgeview Behavioral Health Services. Each of these community organizations serve the broader community and, in particular, the low-income, uninsured and chronically ill. The Steering Committee worked with the University of Tennessee-Knoxville Social Work Office of Research and Public Service ("UT-SWORPS") to devise an Anderson County household survey and to host two focus groups of community leaders, each of which represented a part of the overall Anderson County public health system. The household survey collected information from nearly 350 Anderson County residents. Participation in the survey was diverse and reflected the demographic profile of the county for the attributes of educational level, income, ethnicity and age. The primary research was analyzed and combined with county demographics, mortality, and secondary data for more than 60 health indicators. A Data Team was formed to analyze the data and determine the most significant findings from the assessment. The Data Team included Steering Committee members as well as representatives from the local school system, Child Advocacy Center, and Allies for Substance Abuse Prevention.

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 ("Ridgeview") collaborated in the 2019 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 MMC, 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: Many non-hospital organizations assisted MMC throughout the CHNA process. Research partners provided expertise on survey design, focus group facilitation, data collection, data sources, and analysis. UT-SWORPS was an integral contributor, as well as the Anderson County Health Department and the Tennessee Department of Public Health (Nashville, TN). Additionally, focus groups were beneficial in discussing and identifying community needs in Anderson County. Organizations and individuals participating in the focus groups include: Anderson County Health Department Clinton City Schools ASAP - Drug Coalition Anderson County Headstart Anderson County UT Extension Service Hoskins Drug Store Anderson County Chamber of Commerce Methodist Medical Center Anderson County Senior Center Senior Health Advocates Aid to Families of Anderson County YWCA Allies for Substance Abuse Prevention Child Advocacy Center of Anderson County Department of Children's Services First Baptist Church of Clinton Free Medical Clinic of Oak Ridge Oak Ridge Police Department

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: At the conclusion of the 2019 assessment process, the Data Team identified a list of health priorities and further refined this list into the top 5 most significant health issues. The top five identified community needs (in order of priority) are: substance abuse disorder, mental health, toxic stress, tobacco/vaping, and lack of physical activity/obesity.MMC updated its 2019 Implementation Plan based on the identified needs and plans to address all of the identified issues in the following ways:1. Substance AbusePrescription Drug Task Force - MMC will continue to serve as a partner and meeting site for the Anderson County Prescription Drug Task Force.Behavioral Health Partnerships - MMC will continue to connect with local behavioral health providers, such as Peninsula Behavioral Health, a division of Parkwest Medical Center, and Ridgeview, to bring programming on vital mental health topics to the community via Health Night on the Town and other ad hoc event opportunities. MIST Program - MMC will continue to refer patients who are pregnant or young mothers struggling with substance abuse and addiction to Ridgeview's MIST Program. The MIST team consists of a case manager, counselor, and program manager who connect with mothers through home visits, individual therapy sessions, and weekly support groups. Opioid Light Program - MMC's Emergency Department participates in a health system-wide initiative to curb the use of hospital prescribed opioids. Physicians are using non-opioid drugs when indicated for pain management, during treatment, and at discharge.2. Mental HealthCommunity Lectures - MMC sponsors health information programs for the community via a variety of programmatic avenues. Beginning its 35th year, Health Night on the Town provides educational informational on a variety of topics and has in the past focused on suicide, depression, and substance abuse. Audience size for these programs averages around 55 participants. For its 3rd year, MMC's Take on Cancer programming will provide opportunities for cancer patients and caregivers to connect with clinicians as they deal with the emotional issues associated with the disease. Lastly, MMC will be partnering with the new Oak Ridge Senior Center to launch a new program series targeted toward senior health and wellness.Grief Support Activities - MMC will continue to partner with Covenant Hospice to offer ongoing monthly grief support groups where those who have experienced the death of a loved one can find comfort, support and hope in a safe and welcoming environment. 3. Toxic StressCommunity Behavioral Health Partnership - MMC will continue to connect with local behavioral health providers, such as Peninsula Behavioral Health, a division of Parkwest Medical Center, and Ridgeview, to bring programming on stress awareness and coping topics to the community via Health Night on the Town and other ad hoc event opportunities. 4. Tobacco/VapingHealthy Lifestyles - MMC produces

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	a 4-page, bi-monthly insert in the local newspaper. This insert is zoned specifically to those subscribers in MMC's 5-county market and offers a platform to educate readers on the hazards of smoking/vaping as well as highlight cancer detection services such as Low Dose CT and cessation options. This insert has a circulation of approximately 9,000. Smoking Cessation Quarterly Program - MMC will continue to offer "Freedom from Smoking" classes through the hospital's cardiopulmonary rehab program. The smoking cessation program is a six-class series that helps participants identify people, places, and things that trigger the urge to smoking and works to create a smoking plan that fits individual needs. The program also provides support to help participants avoid a relapse. The classes are offered quarterly, and the \$50 course fee is refundable upon complete of all six classes. 5. Lack of Physical Activity/Obesity Community Fitness Classes - MMC's Family Education program will continue to partner with Kern United Methodist Church to host free weekly exercise classes renamed "M2M Exercise Co" to be more inclusive for new dads as well as moms. Parents are encouraged to bring their babies and young children for an action-packed hour of exercise and fellowship. In addition, MMC partners with Covenant Health's Bodyworks community exercise program to give adults safe and effective workouts for a nominal per class fee of \$3. First Baptist Church of Clinton is the partner site for the Bodyworks Cardio-Mix class which is offered in Anderson County. Ask the Dietitian - MMC's registered dietitians will continue to provide educational articles focused on a healthy mindset around food. Initiated in 2019, topics have included smart strategies in the grocery aisles, making the most of frozen food, the connection between nutrition to sports performance, healthy back-to-school lunches, and balanced eating in a fast-paced world. Friday Fitness - MMC will continue its monthly Friday Fitness program in conjunction with Roane County Medical Center. A monthly hike is open to all interested residents and hike locations rotate between Roane and Anderson County parks, greenways, and hiking trails.

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.

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 2

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	3	14,350			
(2) Post Care SNF Expenses	5	24,998			
(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 and improving quality of life 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)	10,790				Silver Millennium Partnership support
Methodist Medical Center Foundation 1420 Centerpoint Blvd Bldg C Knoxville, TN 37932	62-1414205	501(c)(3)	6,500				General support, Hospitality Houses

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 Senior Center 1405 Oak Ridge Turnpike Oak Ridge, TN 37830	62-6018662	N/A		7,993	FMV	Fitness Equipment	General Support
Roane State Community College Foundation 276 Patton Lane Harriman, TN 37748	58-1413034	501(c)(3)	15,000				Scholarship Fund Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Methodist Medical Center		Employer identification number 62-0636239

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☒ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

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.
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.
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 \$172,500 are reported as deferred compensation on Schedule J, Part II, Column C. Contributions along with 2019 earnings of \$29,629 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).

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1James D VanderSteeg President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,123,891	529,000	146,034	183,500	23,723	2,006,148	0
1John T Geppi EVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	617,248	272,168	91,155	11,000	17,517	1,009,088	0
2Jeremy H Biggs President & CAO	(i)	0	0	0	0	0	0	0
	(ii)	309,043	94,135	51,985	11,000	22,836	488,999	0
3Rick A Carringer VP - Financial Services	(i)	171,053	30,000	25,350	8,376	8,203	242,982	0
	(ii)	0	0	0	0	0	0	0
4Michael Cavacos VP - Chief Nursing Officer	(i)	156,163	20,000	19,774	0	8,203	204,140	0
	(ii)	0	0	0	0	0	0	0
5Connie B Martin VP - Support Services	(i)	123,022	24,300	30,356	6,974	17,871	202,523	0
	(ii)	0	0	0	0	0	0	0
6Shane D West Sr. Medical Physicist	(i)	201,773	0	8,161	12,766	19,590	242,290	0
	(ii)	0	0	0	0	0	0	0
7Jo Ann Stanofil Registered Nurse	(i)	111,899	10,102	57	5,976	22,072	150,106	0
	(ii)	0	0	0	0	0	0	0
8Michael R Belbeck Jr Fmr MMC Pres/CAO; Curr EVP-Hosp Ops	(i)	0	0	0	0	0	0	0
	(ii)	499,238	223,535	89,754	11,000	26,223	849,750	0
9Julie G Utterback Fmr MMC VP-Finance; Curr CMG VP-Fin.	(i)	0	0	0	0	0	0	0
	(ii)	143,364	31,977	34,444	8,468	24,486	242,739	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
Methodist Medical Center

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

2019

**Open to Public
Inspection**

Employer identification number

62-0636239

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 power and authority of the Board to receive, review, approve, authorize the filing of, address and resolve audit or review issues, and otherwise take all action required or appropriate relative to IRS Forms 990 and other applicable tax filings. Prior to filing Form 990, management 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 any questions. At the conclusion of review and discussion, the Finance Committee approves the Form 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Board members, officers, and employees are required to adhere to rules and policies regarding conflicts of interest. Covenant Health distributes a board-approved Code of Conduct to all employees. The Code covers among other subjects, conflicts of interest, and requires disclosure and resolution of employee conflicts of interest. Additionally, officers, employed physicians, and highly compensated employees are required to complete and sign an annual conflict of interest disclosure statement. Board members' conflicts 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 employees. These records are available to be queried prior to engaging in business transactions. The Chief Compliance Officer reviews conflict of interest data. Based on this information, the officer determines what conflicts of interest exist at that point in time. Between times when surveys are collected, board members are expected to disclose any new conflicts that have arisen that affect pending board decisions. Officers and other employees are expected to report conflicts to the 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, senior leadership, or the board of directors may review the conflict of interest. When appropriate, 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 employees, the Chief Compliance Officer in conjunction with Covenant Health Executive Leadership determines how to appropriately manage the conflict. In any conflict involving a board member, 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 Medical Center, Covenant Health (Parent Company), and affiliates are set by the Compensation Committee of the board of directors, ("the Committee"), which is comprised of independent members of the board. The Committee is guided in its decision-making process by an independent, nationally-recognized executive compensation consultant experienced in advising nonprofit hospital boards. The Covenant Health CEO is compensated by Covenant Health, and a detailed description of the compensation process is included on Covenant Health's 990. The process 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 for Jeremy Biggs, President and Chief Administrative Officer, are set by the Covenant Health CEO in consultation with the Senior Vice President-Human Resources, subject to approval of the Compensation Committee of the Covenant Health board of directors ("the Committee"), after review by and discussion with the executive compensation consultant ("the Consultant") to ensure that total compensation is reasonable and within a fair market value range. Salary ranges are based upon the recommendations of the Consultant made after comparison with similar jobs in similar size health systems across the nation. Bonuses are recommended by the CEO and approved by the Committee conditioned upon receipt of a written opinion from the Consultant that total compensation for the executive is reasonable and consistent with fair market value. Base salary is initially targeted at midpoint and may vary according to market conditions, performance, tenure, experience, special skills or qualifications, recruitment and retention challenges, and other relevant factors. Annual bonuses are designed to award 0-35% of base salary based upon system performance and accomplishment of certain targets established by the CEO. Base salaries and annual bonus opportunities for other officers and key employees are based on targets established by historical compensation consultant data and the Covenant Health Compensation department. Salary ranges are based upon comparison with similar jobs in similar size health systems across the nation. Base salaries and bonuses are approved by Executive Leadership predicated upon performance, and are reasonable and consistent with fair market value. Base salaries are initially targeted at midpoint and may vary according to market conditions, performance, tenure, experience, special skills or qualifications, recruitment and retention challenges, and other relevant factors. Annual bonuses are designed to award 0 - 20% of base salary based upon system performance and accomplishment of certain targets established by Executive Leadership.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Intercompany Purchased Srvcs: Program service expenses 410,642. Management and general expenses 0. Fundraising expenses 0. Total expenses 410,642. Other Purchased Services: Program service expenses 12,703,793. Management and general expenses 0. Fundraising expenses 0. Total expenses 12,703,793. Sponsorship Fees: Program service expenses 6,498,526. Management and general expenses 0. Fundraising expenses 0. Total expenses 6,498,526. Other fees-Mngmnt-990: Program service expenses 0. Management and general expenses 33,373. Fundraising expenses 0. Total expenses 33,373.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Transfers of Capital -6,755,568.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Methodist Medical Center

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

2019

Open to Public Inspection

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	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Fort Sanders West Associates 280 Fort Sanders West Blvd Ste 214 Knoxville, TN 37922 62-1384171	Building ownership	TN	N/A									
(2) KOSC Properties LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2444076	Building ownership	TN	N/A									
(3) Knoxville Orthopaedic Surgery Center LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2437385	Orthopaedic surgery	TN	N/A									
(4) KOC 260 Bldg LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 46-5228440	Land and building ownership	TN	N/A									
(5) Knoxville Health Care Center LP POBox 1398 Murfreesboro, TN 371331398 62-1019281	Rehabilitation Center	TN	N/A									
(6) Smith & Hammaker Enterprises LLC 550 Fort Summit Way Knoxville, TN 37915 27-0122252	Rental real estate	TN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(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					No
(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	
(5) VortexT Analytics Inc 8351 E Walker Springs Lane Ste 403 Knoxville, TN 37923 47-5296949	Computer programming services	TN	N/A	C					No
(6) SH Data Centers LLC 550 Fort Summit Way Knoxville, TN 37915 81-4563094	Data storage	TN	N/A	C					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	42,024	FMV
(2) Covenant Medical Group Inc	A	558,665	FMV
(3) Fortress Corporation	A	7,109	FMV
(4) Methodist Medical Foundation	B	115,722	Cash/FMV

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

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