PUBLIC DISCLOSURE COPY

Form **990**

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

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

C Name of organization: METHODIST LE BONHEUR HEALTHCARE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1211 UNION AVENUE — Room/suite: 700

City or town, state or province, country, and ZIP or foreign postal code: MEMPHIS, TN 38104

D Employer identification number: 58-1454711

E Telephone number: (901) 516-0791

G Gross receipts $ 315,179,126

F Name and address of principal officer: MICHAEL UGWUEKE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.METHODISTHEALTH.ORG

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

L Year of formation: 1982

M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: MANAGEMENT AND SUPERVISION OF AFFILIATED HOSPITALS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,489
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	627,202
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	176,770,940	199,314,766
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,345,280	110,446,940
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,544,035	5,417,420
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	218,660,255	315,179,126
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	768,900	1,033,600
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	131,327,144	123,659,793
	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)	69,439,613	67,489,594
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	201,535,657	192,182,987
	19	Revenue less expenses. Subtract line 18 from line 12	17,124,598	122,996,139

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,914,396,438	1,523,660,376
	21	Total liabilities (Part X, line 26)	750,906,894	674,265,033
	22	Net assets or fund balances. Subtract line 21 from line 20	1,163,489,544	849,395,343

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 — Date

CHUCK LANE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY				P00445891

Firm's name: FORVIS, LLP — Firm's EIN: 44-0160260

Firm's address: 500 RIDGEFIELD COURT, ASHEVILLE, NC 28806 — Phone no. (828) 254-2254

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

METHODIST LE BONHEUR HEALTHCARE, IN PARTNERSHIP WITH ITS MEDICAL STAFFS, WILL COLLABORATE WITH PATIENTS AND THEIR FAMILIES TO BE THE LEADER IN PROVIDING HIGH QUALITY, COST-EFFECTIVE PATIENT AND FAMILY-CENTERED CARE. SERVICES WILL BE PROVIDED IN A MANNER WHICH

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 $ 18,484,709 including grants of $ 1,033,600) (Revenue $ 199,314,766)

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

(CONTINUED ON SCHEDULE O)

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 18,484,709

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	✔	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2		✔
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		✔
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	✔	
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		✔
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		✔
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		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		✔
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	✔	
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		✔
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		✔
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		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
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	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
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		✔
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		✔
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		✔
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		✔
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		✔
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		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	✔	

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		✔
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	✔	
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	✔	
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		✔
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		✔
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		✔
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		✔
28	Was the organization a party to a business transaction with one of the following parties (see the 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		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
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		✔
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		✔
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	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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	✔	
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		✔
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		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	246			
b	Enter the number of Forms W-2G included on 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	✔	

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,489			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*			3b	✔	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		✔
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			15		✔
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16		✔
	If "Yes," complete Form 4720, Schedule O.					
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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: 21 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b: 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✔
6	Did the organization have members or stockholders?	6		✔
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		✔
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		✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✔	
b	Each committee with authority to act on behalf of the governing body?	8b	✔	
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 on Schedule O*	9		✔

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		✔
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	✔	
b	Describe on 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	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process on 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		✔
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 NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)*

19 Describe on 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.

RICK HETHERINGTON, 1211 UNION AVE., SUITE 600, MEMPHIS, TN 38104, (901) 478-1040

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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.

(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL UGWUEKE PRESIDENT/CEO/BOARD MEMBER	44.0 6.0	✔		✔				2,772,743	0	31,276
(2) ROBIN WOMEODU SVP/CHIEF ACADEMIC OFFICE	48.0 2.0			✔				1,211,354	0	41,390
(3) KATHLEEN FORBES EVP/ACADEMIC GROUP	44.0 6.0			✔				1,179,220	0	28,383
(4) CHARLES LANE SVP/CHIEF FINANCIAL OFFICER	42.0 10.0			✔				944,793	0	138,210
(5) MONICA WHARTON EVP/CHIEF ADMINISTRATIVE OFFICER	48.0 16.0			✔				733,287	0	120,637
(6) SUSAN GAIL THURMOND SVP - CHIEF QUALITY OFFICER	48.0 2.0			✔				744,739	0	31,212
(7) WAYNE LIPSON SVP/CHIEF MEDICAL OFFICER	48.0 2.0			✔				657,927	0	112,684
(8) MICHAEL PAUL SVP - STRATEGIC PLANNING	48.0 2.0			✔				663,058	0	80,521
(9) DAVID BAYTOS SVP/PRESIDENT/MS/INTERNAT	2.0 48.0			✔				612,533	0	23,511
(10) NIKKI POLIS SVP - CHIEF NURSING OFFICER	44.0 6.0			✔				594,683	0	25,094
(11) CATO JOHNSON SVP/CHIEF OF STAFF/PUB PO	48.0 2.0			✔				558,039	0	40,245
(12) ARTHUR TOWNSEND VP - CHIEF CLIN TRANFORMATI	40.0 0.0					✔		484,654	0	75,307
(13) RONALD FUSCHILLO SVP - CMIO	48.0 2.0			✔				471,696	0	64,651
(14) SARAH COLLEY SVP - CHIEF HUMAN RESOURCE OFFICER	48.0 2.0			✔				452,183	0	82,163

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) LARRY FOGARTY VP - MATERIALS MANAGEMENT	40.0 0.0					✔		463,824	0	68,842
(16) MICHAEL CRABB III SVP/CHIEF OF BUSINESS DEVELOPMENT	48.0 2.0			✔				438,293	0	88,005
(17) MARIGAY MILLER VP/COO PHYSICIAN ENTERPRI	40.0 0.0					✔		378,442	0	66,092
(18) TABRINA DAVIS VP - MARKETING/COMMUNICATIONS	40.0 0.0					✔		367,449	0	43,751
(19) ALBERT MOSLEY SVP/CHIEF MISSION INTEGRATION OFFICER	44.0 6.0			✔				320,622	0	67,686
(20) TIMOTHY GATES VP - CHIEF TECHNOLOGY OFFICER	40.0 0.0					✔		312,913	0	62,646
(21) CAROLYN HARDY VICE CHARIMAN	2.0 2.0	✔		✔				0	0	0
(22) HARRY GOLDSMITH BOARD DIRECTOR	2.0 2.0	✔		✔				0	0	0
(23) JOHNNY MOORE CHAIRMAN	2.0 2.0	✔		✔				0	0	0
(24) BILLY ORGEL BOARD DIRECTOR (THRU 21)	2.0 2.0	✔						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								14,362,452	0	1,292,306
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								14,362,452	0	1,292,306

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 239

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

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
QUALIVIS LLC, P.O. BOX 123847, DALLAS, TX 75312	NURSING STAFF	77,527,794
CROSS COUNTRY STAFFING INC, PO BOX 404674, ATLANTA, GA 30384	NURSING STAFF FEES	25,006,542
CERNER CORPORATION, P.O. BOX 959156,, KANSAS CITY, MO 63195	SYSTEM MAINTENANCE	12,514,110
OR NURSES NATIONWIDE INC, P. O. BOX 638,, MEMPHIS, TN 38101	NURSING STAFF	6,451,760
MEDICAL CENTER ASSOCIATES, P.O. BOX 1000, MEMPHIS, TN 38148	RENTAL FEES	3,129,831

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 100

Part VIII Statement of Revenue

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			0			
Program Service Revenue				Business Code				
	2a	AFFILIATE MANAGEMENT		900099	192,292,512	192,292,512		
	b	METHODIST FEES		900099	7,022,254	7,022,254		
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			199,314,766			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			110,314,078			110,314,078
	4	Income from investment of tax-exempt bond proceeds			132,862			132,862
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents (6a)	232,947					
	b	Less: rental expenses (6b)						
	c	Rental income or (loss) (6c)	232,947	0				
	d	Net rental income or (loss)			232,947			232,947
			(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)	0	0				
	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	MISCELLANEOUS REVENUE		900099	5,076,036		627,202	4,448,834
	b	HEALTHSOUTH SERVICES		900099	108,437			108,437
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			5,184,473			
	12	**Total revenue.** See instructions			315,179,126	199,314,766	627,202	115,237,158

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	1,033,600	1,033,600		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,330,838		13,330,838	
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	87,764,990	21,316,633	66,448,357	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	921,421	194,287	727,134	
9 Other employee benefits	13,554,575	765,239	12,789,336	
10 Payroll taxes	8,087,969	2,358,774	5,729,195	
11 Fees for services (nonemployees):				
a Management				
b Legal	10,365,193		10,365,193	
c Accounting	53,800		53,800	
d Lobbying	282,030		282,030	
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.)	19,247,878	4,959,595	14,288,283	0
12 Advertising and promotion	2,275,750		2,275,750	
13 Office expenses	23,830,014	14,886,677	8,943,337	
14 Information technology	24,343,417	3,406,852	20,936,565	
15 Royalties				
16 Occupancy	5,945,832	1,121,953	4,823,879	
17 Travel	466,141	94,062	372,079	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	755,234	216,742	538,492	
20 Interest	(868,797)		(868,797)	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,841,205	289,028	6,552,177	
23 Insurance	1,907,848	36,245	1,871,603	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RECRUITMENT	4,066,977	3,050	4,063,927	
b MEDICAL SUPPLIES	205,122	205,122		
c MISCELLANEOUS EXPENSES	179,775	4,675	175,100	
d INTERCOMPANY EXP. TRANSFER	(32,407,825)	(32,407,825)		
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	192,182,987	18,484,709	173,698,278	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			(1)	1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			24,628,328	4	24,877,493
	5	Loans and other receivables from 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			0	5	0
	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)			0	6	0
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,449,381	8	2,296,724
	9	Prepaid expenses and deferred charges			19,440,878	9	23,179,851
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	197,002,881			
	b	Less: accumulated depreciation	10b	165,862,929	33,360,606	10c	31,139,952
	11	Investments—publicly traded securities			1,757,928,556	11	1,370,588,340
	12	Investments—other securities. See Part IV, line 11			116,000	12	116,000
	13	Investments—program-related. See Part IV, line 11			17,971,779	13	24,186,545
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			58,500,911	15	47,275,471
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			1,914,396,438	16	1,523,660,376
Liabilities	17	Accounts payable and accrued expenses			95,096,799	17	86,728,000
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			490,292,171	20	472,747,255
	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			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties				23	
	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			165,517,924	25	114,789,778
	26	**Total liabilities.** Add lines 17 through 25			750,906,894	26	674,265,033
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			1,163,489,544	27	849,395,343
	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			1,163,489,544	32	849,395,343
	33	Total liabilities and net assets/fund balances			1,914,396,438	33	1,523,660,376

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	315,179,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,182,987
3	Revenue less expenses. Subtract line 2 from line 1	3	122,996,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,163,489,544
5	Net unrealized gains (losses) on investments	5	(283,352,908)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(153,737,432)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	849,395,343

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
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 on Schedule O and describe any steps taken to undergo such audits	3b	✔	

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 (Check all that apply) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(25) BISHOP BILL MCALILLY BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(26) BISHOP GARY MUELLER BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(27) BISHOP JAMES E SWANSON, SR. BOARD DIRECTOR	2.0 0.0	✓						0	0	0
(28) DAVID RUDD BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(29) EDITH KELLY-GREEN BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(30) JOHN H PETTY, III BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(31) KENNY ARMSTRONG BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(32) LARRY BRYAN BOARD DIRECTOR (THRU 21)	2.0 2.0	✓						0	0	0
(33) MADISON MICHAEL, MD BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(34) MICHAEL LENZ BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(35) MIKE BRUNS BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(36) PAUL CARRUTH, MD BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(37) RICHARD AYCOCK, MD BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(38) RON WALTER BOARD DIRECTOR	2.0 2.0	✓						0	0	0
(39) SANDY SMITH BOARD DIRECTOR	2.0 2.0	✓						0	0	0

SCHEDULE A (Form 990)

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
2022
Open to Public Inspection

Name of the organization
METHODIST LE BONHEUR HEALTHCARE, INC.

Employer identification number
58-1454711

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
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 **section 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 on 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 4

g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)	(SEE STATEMENT)						
(B)							
(C)							
(D)							
(E)							
Total						0	29,847,013

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** 2022	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3 . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** 2022	**(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 5 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 2022 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . **15** %

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2022.** 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—2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 0.015 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 0.035.	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 0.85 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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)		**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2022**	**(iii)** **Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . .			
b	Excess from 2019 . . .			
c	Excess from 2020 . . .			
d	Excess from 2021 . . .			
e	Excess from 2022 . . .			

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.)

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 12G -	THE ORGANIZATION PROVIDES SUPPORT FOR ITS SUPPORTED ORGANIZATIONS BY PROVIDING EXPENSE REIMBURSEMENTS AND MANAGMENT OVERSIGHT. THE AMOUNTS PRESENTED ON PART I, LINE 12(G) AS SUPPORT ARE THE VALUES OF EXPENSE REIMBURSEMENTS PROVIDED TO THE VARIOUS ORGANIZATIONS FOR THE TAX YEAR, WITH THE EXCEPTIONS BELOW WHICH INCLUDE DIRECT TRANSFERS TO EQUITY. - ALLIANCE HEALTH SERVICES, INC. EXPENSE REIMBURSEMENT: 345,913
SCHEDULE A, PART IV, SECTION A, LINE 1 - SUPPORTED ORGS LISTED BY NAME	THE BYLAWS DO NOT LIST EACH OF THE AFFILIATES DUE TO THE SIZE OF THE HEALTHCARE SYSTEM, HOWEVER THE MAJORITY OF THE BOARD MEMBERS OF THE SUPPORTED ORGANIZATONS ARE APPOINTED BY THE ORGANIZATION.
SCHEDULE A, PART IV, SECTION C, LINE 1 - MAJORITY DIRECTOR DETAIL	THE MAJORITY OF THE BOARD MEMBERS OF THE SUPPORTED ORGANIZATIONS ARE APPOINTED BY THE ORGANIZATION.

Part I	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.)

Part I Line 12g. **Information about the supported organization(s).** (continued)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
METHODIST HEALTHCARE-MEMPHIS HOSPITALS	62-0479367	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	27,149,678
METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	62-1403517	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		0	418,623
ALLIANCE HEALTH SERVICES, INC.	62-0841121	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		0	345,913
METHODIST HEALTHCARE - OLIVE BRANCH HOSPITAL	64-0889822	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	1,932,799

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
METHODIST LE BONHEUR HEALTHCARE, INC.	58-1454711

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . $

3 Volunteer hours for political campaign activities. See instructions . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . ☐ Yes ☐ No

4a Was a correction made? . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✔	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✔	
c Media advertisements?		✔	
d Mailings to members, legislators, or the public?	✔		
e Publications, or published or broadcast statements?		✔	
f Grants to other organizations for lobbying purposes?		✔	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✔		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i Other activities?	✔		282,030
j Total. Add lines 1c through 1i			282,030
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✔	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION MADE PAYMENTS TO VARIOUS LOBBYING ORGANIZATIONS THROUGHOUT THE YEAR TO ENGAGE IN LOBBYING ACTIVITIES ON ITS BEHALF. TOTAL AMOUNTS PAID FOR LOBBYING EQUALED $282,030. SPECIFIC AMOUNTS USED TO ENGAGE IN EACH OF THE ACTIVITIES IN LINE 1C-I IS UNKNOWN, AS THEY WERE PERFOMRED BY THIRD PARTIES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: METHODIST LE BONHEUR HEALTHCARE, INC.

Employer identification number: 58-1454711

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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 (for example, recreation or education)
- ☐ Preservation of a 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 Tax 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 July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ________ %

b Permanent endowment ________ %

c Term endowment ________ %

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

			Yes	No
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		7,039,999		7,039,999
b	Buildings		11,105,078	7,672,691	3,432,387
c	Leasehold improvements		6,530,492	5,210,955	1,319,537
d	Equipment		169,814,941	151,886,635	17,928,306
e	Other		2,512,371	1,092,648	1,419,723
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				31,139,952

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	
(2) ACCRUED PENSION EXPENSE	(46,412,036)
(3) SWAP MARKET VALUE	21,219,858
(4) OTHER LIABILITIES	139,981,956
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	114,789,778

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 FASB 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	(121,911,213)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	(283,352,908)		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	(165,973,524)		
e	Add lines **2a** through **2d**			2e	(449,326,432)
3	Subtract line **2e** from line **1**			3	327,415,219
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	(12,236,093)		
c	Add lines **4a** and **4b**			4c	(12,236,093)
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	315,179,126

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	192,182,987
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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	192,182,987
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	192,182,987

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.

SEE STATEMENT

Part XIII

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 - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description	**(b)** Amount
	EQUITY TRANSFERS TO/FROM AFFILIATES	- 165,973,524
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description	**(b)** Amount
	CHANGE IN VALUE OF MINIMUM PENSION LIABILITY	- 12,236,093

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization: METHODIST LE BONHEUR HEALTHCARE, INC.
Employer identification number: 58-1454711

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A STEP AHEAD FOUNDATION 1350 CONCOURSE AVE #451, MEMPHIS, TN 38104	45-1828684	501(C)(3)	5,000				GERSHWIN SPONSOR
(2) AGAPE CHILD & FAMLY 3160 DIRECTORS ROW, MEMPHIS, TN, 38131	23-7039683	501(C)(3)	5,000				(SEE STATEMENT)
(3) ALZHEIMERS ASSOCIATION 3150 LENOX PARK BLVD, MEMPHIS, TN, 38115	13-3039601	501(C)(3)	10,000				WALK TO END ALZHEIMER'S
(4) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW, ATLANTA, GA, 30303	13-1788491	501(C)(3)	30,000				(SEE STATEMENT)
(5) AMERICAN HEART ASSOCIATION PO BOX 4002900, DES MOINES, TN, 50340	13-5613797	501(C)(3)	50,000				GENERAL SUPPORT
(6) (SEE STATEMENT)	62-6064769	501(C)(3)	6,500				2022 AUTOZONE LIBERTY BOWL
(7) BLUFF CITY MEDICAL SOCIETY PO BOX 17924, MEMPHIS, TN, 38187	58-1618327	501(C)(3)	20,000				(SEE STATEMENT)
(8) BOYS AND GIRLS CLUB OF GREATER MEMPHIS 44 SOUTH REMBERT ST, MEMPHIS, TN, 38104	62-0646371	501(C)(3)	15,000				(SEE STATEMENT)
(9) (SEE STATEMENT)		501(C)(3)	5,000				GOLD SPONSORSHIP
(10) CATHEDRAL FOUNDATION INC 603 DENMARK DR, MEMPHIS, TN, 38103	81-1596426	501(C)(3)	10,000				(SEE STATEMENT)
(11) CENTER FOR TRANSFORMING COMMUNITIES 258 N MERTON ST, MEMPHIS, TN, 38112	62-1769933	501(C)(3)	5,000				MBCC LIVE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 44

3 Enter total number of other organizations listed in the line 1 table . . .

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II	Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) COLLECTIVE GENERATIONAL MENTORING 13543 ANDREW WAY, HOUSTON, TX, 77082	47-1491105	501(C)(3)	10,000				MENTORING SUMMIT
(13) COLLEGE DANCE COLLECTIVE INC 2497 BROAD AVE SUITE 102, MEMPHIS, TN, 38112	20-5888512	501(C)(3)	10,000				GOLD SPONSORSHIP FOR FALL JAZZ GALA
(14) FACING HISTORY AND OURSELVES 115 HULING AVE, MEMPHIS, TN, 38103	04-2761636	501(C)(3)	7,500				CORPORATE PARTNERSHIP PLEDGE/2022 SOUTHEAST BENEFIT DINNER
(15) FAMILIES MATTER INC 2595 CENTRAL AVE, MEMPHIS, TN, 38104	90-0793480	501(C)(3)	12,500				FAMILIES MATTER COLLABORATE
(16) GREATER MEMPHIS CHAMBER 100 PEABODY PLACE #1000, MEMPHIS, TN, 38103		501(C)(3)	38,000				ANNUAL MEMBERSHIP RENEWAL/ANNUAL CHAIRMAN'S LUNCHEON 2022
(17) H T LOCKARD FOUNDATION P O BOX 17322, MEMPHIS, TN, 38187	47-4941792	501(C)(3)	25,000				2022 CORPORATE IN SUPPORT BEN F JONES CHAPTER
(18) JUVENILE DIABETES RESEARCH 105 WESTPARK DR, SUITE 415, BRENTWOOD, TN, 37027	23-1907729	501(C)(3)	7,500				SILVER SPONSORSHIP/JDRF
(19) LEADERSHIP MEMPHIS 240 MADISON AVE, MEMPHIS, TN, 38103	62-1043517	501(C)(3)	15,000				METHODIST LEBONHEUR HEALTHCARE
(20) LEMOYNE COLLEGE ALUMNI FOUNDATION 807 WALKER AVE, MEMPHIS, TN, 38126	62-0475690	501(C)(3)	7,500				JUNETEENTH 2022/2022 MAGICIANS RIDE BIKE-A-THON
(21) WUNDEHER 550 S BELVEDERE BLVD, MEMPHIS, TN, 38104		501(C)(3)	10,000				MOTHER OF WUNDHER AWARDS BRUNCH 2022
(22) MEMPHIS AREA LEGAL SERVICES INC 200 JEFFERSON AVE, MEMPHIS, TN, 38103	52-1039060	501(C)(3)	5,000				2022 JUSTICE FOR ALL BALL ALLY SPONSOR
(23) MEMPHIS BRANCH NAACP 588 VANCE AVENUE, MEMPHIS, TN, 38126	62-0637884	501(C)(3)	10,000				2022 FREEDOM FUND LUNCHEON
(24) MEMPHIS BUSINESS GROUP ON HEALTH 4728 SPOTTSWOOD AVE, MEMPHIS, TN, 38117	62-1241760	501(C)(3)	6,300				MBGH-PARTNER LEVEL AND IN KIND GRAPHICS
(25) MEMPHIS DISTRICT ASSOCIATION INC 306 SOUTH SOMERVILLE ST, MEMPHIS, TN, 38104	47-2933670	501(C)(3)	5,000				PENNY HARDAWAY DISTRICT GOLF CLASSIC 2022
(26) MEMPHIS IN MAY INTERNATIONAL 56 SOUTH FRONT STREET, MEMPHIS, TN, 38103	23-7308001	501(C)(3)	6,000				2022 SPONSORSHIP MEMPHIS IN MAY
(27) MEMPHIS MEDICAL DISTRICT 656 MADISON AVE, MEMPHIS, TN, 38103	81-0729268	501(C)(3)	422,000				MMD-2022 ANNUAL SUPPORT
(28) MID-SOUTH MINORITY BUSINESS COUNCIL 158 MADISON AVE STE 300, MEMPHIS, TN, 38103	62-1198163	501(C)(3)	15,000				2022 CORPORATE MEMBERSHIP DUES/2022 ECONOMIC DEVELOPMENT FORUM GOLD

(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
(29) NATIONAL ASSOCIATION OF HEALTH P O BOX 459, GARDNER, KS, 66030	01-0926225	501(C)(3)	10,000				NAHSE 2022 BRONZE LEVEL SPONSORSHIP
(30) NATIONAL CIVIL RIGHTS MUSEUM 2210 HAYES ST, GARY, IN, 46404	31-0973383	501(C)(3)	15,000				2022 FREEDOM AWARD GOLD SPONSORSHIP
(31) NEWMEMPHIS INSTITUTE 22 N FRONT ST, SUITE 500, MEMPHIS, TN, 38103	58-1607228	501(C)(3)	10,000				2022 CORPORATE DONATION LAUNCH
(32) PROJECT TRANSFORMATION TENNESSEE 1008 19TH AVE S, NASHVILLE, TN, 37212	45-3265261	501(C)(3)	20,000				2022 PROGRAM SUPPORT
(33) ROOT CAUSE COALITION 1120 G ST NW #1000, WASHINGTON, DC, 20005	47-5126498	501(C)(3)	10,000				2021 TRCC DUES
(34) SOULSVILLE FOUNDATION 926 E. MCLEMORE AVENUE, MEMPHIS, TN, 38106	62-1719414	501(C)(3)	5,000				BLACK HISTORY MONTH SOUL FIT VIDEO SERIES
(35) ST MATTHEWS UNITED METHODIST CHURCH 1362 S PRESCOTT RD, MEMPHIS, TN, 38111	62-0795719	501(C)(3)	5,000				IN HONOR OF DR REV AUTURA EASON WILLIAMS
(36) TELISA FRANKLIN MINISTRIES INC 3120 SUMMER AVE, MEMPHIS, TN, 38112	27-3327060	501(C)(3)	20,000				2022 MEMPHIS JUNETEENTH FESTIVAL
(37) TENNESSEE HOSPITAL ASSOCIATION 5201 VIRGINIA WAY, BRENTWOOD, TN, 37027	62-0534232	501(C)(3)	10,000				THE AGENDA 21 INTERNSHIP PROJ SUMMER 22
(38) TENNESSEE MEDICAL FOUNDATION 5141 VIRGINIA WAY, SUITE 110, BRENTWOOD, TN, 37027	62-0541813	501(C)(3)	10,000				2022 DONATION TMF PHYSICIAN'S HEALTH PROGRAM
(39) THE LINKS FOUNDATION P O BOX 240624, MEMPHIS, TN, 38124	58-2512964	501(C)(3)	5,000				AD-INSIDE FRONT COVER
(40) UNIVERSITY OF MEMPHIS 635 NORMAL ST, MEMPHIS, TN, 38152		501(C)(3)	5,000				GENERAL SUPPORT
(41) UNIVERSITY OF MEMPHIS ALUMNI 635 NORMAL ST, MEMPHIS, TN, 38152		501(C)(3)	10,000				SILVER SPONSORSHIP
(42) VITALANT FOUNDATION P O BOX 880519, PHOENIX, AZ, 85038	25-1562715	501(C)(3)	10,000				BALD COUNCIL GRANT
(43) WOMENS FOUNDATION FOR A GREATER 40 S MAIN ST, SUITE 2280, MEMPHIS, TN, 38103	58-2207247	501(C)(3)	10,000				2022 ANNUAL TRIBUTE LUNCHEON
(44) MID-SOUTH PRIDE 111 S HIGHLAND ST, MEMPHIS, NONE, 38111		501(C)(3)	10,000				

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 -	GRANTS ARE MADE IN ACCORDANCE WITH THE METHODIST LE BONHEUR HEALTHCARE MISSION STATEMENT OF PROVIDING RESOURCES TO EXTEND HEALTH CARE THROUGH THE METHODIST LE BONHEUR HEALTHCARE SERVICE AREA. ALL GRANT REQUESTS ARE REVIEWED AND APPROVED BY A GROUP OF EXECUTIVES CONSISTING OF THE CEO, COO, CFO AND EVP OF METHODIST LE BONHEUR HEALTHCARE.
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	GRANTS ARE MADE IN ACCORDANCE WITH THE METHODIST LE BONHEUR HEALTHCARE MISSION STATEMENT OF PROVIDING RESOURCES TO EXTEND HEALTH CARE THROUGH THE METHODIST LE BONHEUR HEALTHCARE SERVICE AREA. ALL GRANT REQUESTS ARE REVIEWED AND APPROVED BY A GROUP OF EXECUTIVES CONSISTING OF THE CEO, COO, CFO AND EVP OF METHODIST LE BONHEUR HEALTHCARE.
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AUTOZONE LIBERTY BOWL 959 RIDGEWAY LOOP ROAD, SUITE 101, MEMPHIS, TN, 38120
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CAMPBELL FOUNDATION 1400 S GERMANTOWN RD, GERMANTOWN, TN, 38138
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AGAPE CHILD & FAMLY : AGAPE MARRIAGE CONFERENCE SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN CANCER SOCIETY: 2022 HARAH'S HOPE LODGE GIFT/GENERAL SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BLUFF CITY MEDICAL SOCIETY: 2022 ANNUAL LECTURE SIGNATURE SPONSORSHIP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS AND GIRLS CLUB OF GREATER MEMPHIS: 2022 COACH COCHRAN GOLF CLASSIC
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CATHEDRAL FOUNDATION INC: 2022 TRI STATE BLACK PRIDE SPONSORSHIP

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization: METHODIST LE BONHEUR HEALTHCARE, INC.
Employer identification number: 58-1454711

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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as 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**	✔	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . .	**2**	✔	
3	Indicate which, if any, of the following the 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 ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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**	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan? . . .	**4b**	✔	
c	Participate in or receive payment from an equity-based compensation arrangement? . . . If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		✔
	Only section 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**		✔
b	Any related organization? . . . If "Yes" on line 5a or 5b, describe in Part III.	**5b**		✔
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**		✔
b	Any related organization? . . . If "Yes" on line 6a or 6b, describe in Part III.	**6b**		✔
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . .	**7**		✔
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**		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
MICHAEL UGWUEKE	(i)	1,222,584	643,325	906,833	8,197	23,079	2,804,019	374,081
1 PRESIDENT/CEO/BOARD MEMBER	(ii)	0	0	0	0	0	0	0
ROBIN WOMEODU	(i)	424,028	130,480	656,846	18,300	23,090	1,252,744	577,767
2 SVP/CHIEF ACADEMIC OFFICE	(ii)	0	0	0	0	0	0	0
KATHLEEN FORBES	(i)	651,736	286,889	240,595	6,100	22,283	1,207,603	108,817
3 EVP/ACADEMIC GROUP	(ii)	0	0	0	0	0	0	0
CHARLES LANE	(i)	618,742	238,802	87,249	116,035	22,175	1,083,003	61,791
4 SVP/CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
MONICA WHARTON	(i)	500,296	216,367	16,624	99,962	20,675	853,924	13,797
5 EVP/CHIEF ADMINISTRATIVE OFFICER	(ii)	0	0	0	0	0	0	0
SUSAN GAIL THURMOND	(i)	465,344	182,293	97,103	17,112	14,100	775,951	0
6 SVP - CHIEF QUALITY OFFICER	(ii)	0	0	0	0	0	0	0
WAYNE LIPSON	(i)	573,096	75,847	8,984	81,876	30,808	770,611	0
7 SVP/CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
MICHAEL PAUL	(i)	265,582	86,000	311,476	57,503	23,018	743,579	98,874
8 SVP - STRATEGIC PLANNING	(ii)	0	0	0	0	0	0	0
DAVID BAYTOS	(i)	362,469	159,666	90,398	9,150	14,361	636,044	0
9 SVP/PRESIDENT/MS/INTERNAT	(ii)	0	0	0	0	0	0	0
NIKKI POLIS	(i)	360,901	140,961	92,821	13,626	11,468	619,777	0
10 SVP - CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
CATO JOHNSON	(i)	346,376	151,234	60,429	18,300	21,945	598,284	0
11 SVP/CHIEF OF STAFF/PUB PO	(ii)	0	0	0	0	0	0	0
ARTHUR TOWNSEND	(i)	343,496	102,430	38,729	43,425	31,882	559,961	33,274
12 VP - CHIEF CLIN TRANFORMATI	(ii)	0	0	0	0	0	0	0
RONALD FUSCHILLO	(i)	319,965	135,619	16,113	40,748	23,903	536,347	0
13 SVP - CMIO	(ii)	0	0	0	0	0	0	0
SARAH COLLEY	(i)	353,943	0	98,240	59,610	22,553	534,346	0
14 SVP - CHIEF HUMAN RESOURCE OFFICER	(ii)	0	0	0	0	0	0	0
LARRY FOGARTY	(i)	295,808	59,035	108,982	46,389	22,453	532,666	78,275
15 VP - MATERIALS MANAGEMENT	(ii)	0	0	0	0	0	0	0
(SEE STATEMENT)	(i)							
16	(ii)							

Part II **Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation: (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
(16) MICHAEL CRABB III SVP/CHIEF OF BUSINESS DEVELOPMENT	(i)	361,781	69,808	6,704	62,866	25,139	526,298	0
	(ii)	0	0	0	0	0	0	0
(17) MARIGAY MILLER VP/COO PHYSICIAN ENTERPRI	(i)	290,423	57,738	30,281	32,518	33,574	444,534	22,540
	(ii)	0	0	0	0	0	0	0
(18) TABRINA DAVIS VP - MARKETING/COMMUNICATIONS	(i)	297,495	58,645	11,309	31,662	12,089	411,200	6,640
	(ii)	0	0	0	0	0	0	0
(19) ALBERT MOSLEY SVP/CHIEF MISSION INTEGRATION OFFICER	(i)	172,698	111,832	36,092	19,203	48,483	388,308	0
	(ii)	0	0	0	0	0	0	0
(20) TIMOTHY GATES VP - CHIEF TECHNOLOGY OFFICER	(i)	254,546	54,280	4,087	30,660	31,986	375,559	0
	(ii)	0	0	0	0	0	0	0

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	A HOUSING ALLOWANCE IS PROVIDED TO ONE CLERGYMAN FOR MINISTERIAL SERVICES PROVIDED TO PATIENTS AND THEIR FAMILIES. THIS AMOUNT IS INCLUDED IN BOX 14 OF THE EMPLOYEE'S W-2.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT: $157,115 MICHAEL PAUL

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE PURPOSE OF THE METHODIST LE BONHEUR HEALTHCARE CONSOLIDATED EXECUTIVE DEFERRED COMPENSATION PLAN IS TO PROVIDE RETIREMENT BENEFITS FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES IN ADDITION TO THE BENEFITS PROVIDED THROUGH THE OTHER RETIREMENT PLANS THAT ARE SPONSORED BY THE COMPANY. IT IS INTENDED THAT THIS PLAN COMPLY WITH INTERNAL REVENUE CODE SECTION 457(F) AND QUALIFY FOR THE SHORT-TERM DEFERRAL EXCEPTION TO CODE SECTION 409A. UNDER THE PLAN, CORPORATE EXECUTIVES AT OR ABOVE THE VICE PRESIDENT LEVEL ARE ELIGIBLE TO RECEIVE EXECUTIVE DEFERRED COMPENSATION CREDITS DEPENDING ON THEIR POSITION CLASSIFICATION [6%, 8%, 10%, 12%, 15%, 25% OF BASE SALARY]. EACH PLAN YEAR, THE EXECUTIVE MUST ELECT A DEFERRED VESTING DATE TO BE APPLIED TO THE DEFERRED COMPENSATION CREDIT THAT WILL BE EARNED IN THAT PLAN YEAR. THE DEFERRED VESTING DATE IS SUBJECT TO A VESTING SCHEDULE THAT REQUIRES A MINIMUM DEFERRAL OF 5 YEARS TO BECOME VESTED. UPON REACHING AGE 55, THE MINIMUM DEFERRAL IS REDUCED TO 3 YRS. UPON REACHING AGE 60, THE MINIMUM DEFERRAL IS REDUCED TO 2 YRS. AT AGE 64, A CASH EQUIVALENT IS PROVIDED TO THE EXECUTIVE AND NO ADDITIONAL DEFERRALS ARE MADE UNDER THIS PLAN. RESTORATION BENEFIT PARTICIPANTS THAT WERE NEGATIVELY IMPACTED BY FREEZING THE RESTORATION PLAN WERE PROVIDED WITH AN ADDITIONAL ANNUAL EDCP CONTRIBUTION UNTIL AGE 65 DESIGNED TO KEEP THEM WHOLE. THE PLAN IS UNFUNDED WITH ALL BENEFITS PAID FROM THE COMPANY'S GENERAL ASSETS. HOWEVER, THE EXECUTIVE IS ALLOWED TO DIRECT THE INVESTMENTS OF HIS DEFERRED COMPENSATION CREDIT IN A MENU OF INVESTMENT ALTERNATIVES MADE AVAILABLE BY THE COMPANY. UPON VESTING, A DISTRIBUTION IS PROVIDED LESS THE APPLICABLE TAX. IN THE CASE OF A VOLUNTARY TERMINATION OF EMPLOYMENT BY THE EXECUTIVE OR INVOLUNTARY TERMINATION OF EMPLOYMENT FOR CAUSE BY THE COMPANY, THE NON-VESTED FUNDS ARE FORFEITED. ACCELERATED VESTING (100%) IS ALLOWED UPON DEATH, DISABILITY OR AN INVOLUNTARY TERMINATION BY THE COMPANY WITHOUT CAUSE. ALLOCATIONS TO THE 457(F) PLAN FOR THE YEAR INCLUDE THE FOLLOWING: $17,554 DR. ALBERT MOSLEY $18,082 TABRINA DAVIS $97,735 CHARLES LANE $87,341 MONICA WHARTON $25,356 ARTHUR TOWNSEND $15,829 TIMOTHY GATES $43,020 SARAH COLLEY $39,203 MICHAEL PAUL $28,089 LARRY FOGARTY ALLOCATIONS TO THE SERP PLAN FOR THE YEAR INCLUDE THE FOLLOWING: NO ALLOCATIONS DURING TAX YEAR THE FOLLOWING INDIVIDUALS RECEIVED 457(F) PAYOUTS. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEARS FORM 990 AS REQUIRED. PAYOUTS FROM THE 457(F) PLAN FOR THE YEAR INCLUDE THE FOLLOWING: $374,081 MICHAEL UGWUEKE $98,874 MICHAEL PAUL $577,797 ROBIN WOMEODU $61,791 CHARLES LANE $13,797 MONICA WHARTON $29,718 REBECCA CULLISON $108,817 KATHLEEN FORBES $6,640 TABRINA DAVIS $33,274 ARTHUR TOWNSEND $78,275 LARRY FOGARTY IN ADDITION, SEVERAL EXECUTIVES RECEIVED AN EXECUTIVE RETIREMENT LUMP SUM PAYOUT. THIS AMOUNT REPRESENTS THE FULLY VESTED PORTION PURSUANT TO THE 457(F) PLAN. THIS AMOUNT WAS REFLECTED IN COLUMN (C) ON THE PRIOR YEAR'S FORM 990 AS REQUIRED. PAYOUTS FROM THE EXECUTIVE RETIREMENT PLAN FOR THE YEAR INCLUDE THE FOLLOWING: $417,320 MICHAEL UGWUEKE $47,297 DAVID BAYTOS $43,471 CATO JOHNSON $46,934 NIKKI POLIS $60,680 SUSAN GAIL THURMOND $119,898 KATHLEEN FORBES DURING THE REPORTING PERIOD, THE FOLLOWING INDIVIDUAL RECEIVED A DISTRIBUTION RELATING TO A SERP PLAN THAT IS NO LONGER OFFERED: NO PAYMENTS MADE DURING TAX YEAR. THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT: $157,115 MICHAEL PAUL

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN	52-1283414	821697ZK8	06/12/2008	270,000,000	CURRENT REFUNDING, CAPITAL ACQUISITION		✔		✔		✔
B	THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN	52-1283414	NONEAVAIL	05/17/2016	120,000,000	CAPITAL ACQUISITION		✔		✔		✔
C	THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN	52-1283414	821697591	04/19/2017	161,690,533	CAPITAL ACQUISITION		✔		✔		✔
D	THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN	52-1283414	NONEAVAIL	02/01/2022	105,390,000	CURRENT REFUNDING		✔		✔		✔

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	52,125,000	2,130,000	16,235,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	272,535,319	120,000,000	161,769,996	105,390,000
4	Gross proceeds in reserve funds	9,967,521		24	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,355,713	575,000	1,690,533	
8	Credit enhancement from proceeds	25,762,653			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	187,388,948	120,000,000	160,082,318	105,390,000
11	Other spent proceeds	65,615,000			
12	Other unspent proceeds				
13	Year of substantial completion	2010	2015	2019	2010

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✔			✔		✔	✔	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✔		✔		✔		✔
16	Has the final allocation of proceeds been made?	✔		✔		✔		✔	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✔		✔		✔		✔	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✔		✔		✔		✔
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✔		✔		✔		✔
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	✔		✔		✔		✔	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✔		✔		✔		✔	
c	Are there any research agreements that may result in private business use of bond-financed property?	✔		✔		✔		✔	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✔		✔		✔		✔	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.08 %		0.01 %		0.01 %		0.01 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0.00 %		0.01 %		0.01 %		0.00 %	
6	Total of lines 4 and 5	0.08 %		0.02 %		0.02 %		0.01 %	
7	Does the bond issue meet the private security or payment test?		✔		✔		✔		✔
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✔		✔		✔		✔
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✔		✔		✔		✔	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✔		✔		✔		✔
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		✔		✔		✔	✔	
b	Exception to rebate?		✔		✔		✔		✔
c	No rebate due?	✔		✔		✔			✔
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	06/12/2022		05/17/2021		04/19/2022			
3	Is the bond issue a variable rate issue?	✔			✔		✔		✔

Part IV Arbitrage *(continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	✔			✔		✔		✔
b	Name of provider	(SEE STATEMENT)							
c	Term of hedge	18.4							
d	Was the hedge superintegrated?		✔						
e	Was the hedge terminated?		✔						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		✔		✔		✔		✔
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		✔		✔		✔		✔
7	Has the organization established written procedures to monitor the requirements of section 148?	✔		✔		✔		✔	

Part V Procedures To Undertake Corrective Action

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

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

(SEE STATEMENT)

Part VI **Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART II, LINE 3 -	AMOUNTS REPORTED ON LINE 3 INCLUDE INVESTMENT EARNINGS ON BOND PROCEEDS AS FOLLOWS: BOND [A]: SALE PROCEEDS: $ 270,000,000 INVESTMENT EARNINGS: 2,535,319 TOTAL TO LINE 3: $ 272,535,319 BOND [B]: SALE PROCEEDS: $ 120,000,000 INVESTMENT EARNINGS: 0 TOTAL TO LINE 3: $ 120,000,000 BOND [C]: SALE PROCEEDS: $ 161,690,533 INVESTMENT EARNINGS: 79,463 TOTAL TO LINE 3: $ 161,769,996
SCHEDULE K, PART II, LINE 11 -	OTHER SPENT PROCEEDS: THE AMOUNTS PRESENTED ON LINE 11 REPRESENT BOND PROCEEDS USED TO CURRENTLY AND ADVANCE REFUND PRIOR ISSUES, AS NOTED IN PART II, LINES 14 AND 15.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 06/12/2022
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 05/17/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN C	ISSUER NAME: THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY, TN THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 04/19/2022
SCHEDULE K, PART IV, COLUMN (A) - LINE 4B	JP MORGAN CHASE, NA

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▸ Attach to Form 990 or 990-EZ. ▸ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection

Name of the Organization	Employer Identification Number
METHODIST LE BONHEUR HEALTHCARE, INC.	58-1454711

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS: THE FIVE (5) FACILITIES OF METHODIST HEALTHCARE - MEMPHIS HOSPITALS ARE LICENSED AS ONE HOSPITAL. IT IS THE THIRD LARGEST HOSPITAL IN THE COUNTRY. METHODIST HAS FIVE MAJOR AREAS OF FOCUS: CARDIOLOGY, CANCER, NEUROSCIENCES, TRANSPLANT, AND PEDIATRICS. METHODIST HEALTHCARE - MEMPHIS HOSPITALS OPERATES THE FOLLOWING HOSPITALS: - METHODIST UNIVERSITY HOSPITAL, THE FLAGSHIP OF THE METHODIST HEALTHCARE SYSTEM, IS LOCATED IN THE HEART OF THE MEMPHIS MEDICAL CENTER. METHODIST IS FORMALLY AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER AND SERVES AS ITS PRIMARY TEACHING SITE. A TERTIARY CARE AND REFERRAL CENTER, METHODIST UNIVERSITY HOSPITAL HAS ONE OF THE LARGEST NEUROSCIENCES PROGRAMS IN THE COUNTRY. THE TRANSPLANT PROGRAM SPECIALIZES IN SOLID ORGAN TRANSPLANTS OF THE KIDNEY, LIVER AND PANCREAS. - METHODIST NORTH HOSPITAL IS A COMMUNITY HOSPITAL SERVING RESIDENTS OF THE RALEIGH-BARTLETT AREA OF NORTH MEMPHIS AND SURROUNDING AREAS. THE FACILITY OFFERS STATE-OF-THE-ART, COMPREHENSIVE CARDIAC SERVICES. THE HOSPITAL HAS EXPANDED LASER SURGERY CAPABILITIES AND SAME-DAY SURGERY SERVICES ON CAMPUS, AS WELL AS AN AFFILIATED REHABILITATION FACILITY ON CAMPUS. - METHODIST SOUTH HOSPITAL SERVES THE CITIZENS OF SOUTH MEMPHIS AND SURROUNDING AREAS. THIS ACUTE CARE HOSPITAL INCLUDES A MATERNITY CENTER, A CANCER CENTER, A CRITICAL CARE UNIT, A SAME-DAY SURGERY UNIT AND A COMPLETE ARRAY OF OUTPATIENT SERVICES. THE METHODIST SOUTH HOSPITAL ALSO OFFERS STATE-OF-THE-ART CARDIAC SERVICES, INCLUDING CARDIAC CATHETERIZATION AND OPEN-HEART SURGERY. - METHODIST LE BONHEUR GERMANTOWN HOSPITAL IS A COMMUNITY HOSPITAL SERVING GERMANTOWN, COLLIERVILLE, EAST MEMPHIS AND NORTH MISSISSIPPI. THE HOSPITAL OFFERS ACUTE INPATIENT CARE AND TREATMENT, EXTENSIVE SURGICAL SERVICES, WOMEN'S HEALTH SERVICES, CARDIAC SERVICES, CHILDREN'S SERVICES AND EMERGENCY SERVICES WITH URGENT AND EMERGENCY CARE FOR ADULTS AND CHILDREN. - LE BONHEUR CHILDREN'S HOSPITAL IS THE MID-SOUTH'S FIRST AND ONLY COMPREHENSIVE PEDIATRIC MEDICAL FACILITY. FOUNDED IN 1952, LE BONHEUR TREATS CHILDREN FROM 47 STATES AND MANY COUNTRIES. THE HOSPITAL IS HOME TO ONE OF THE NATION'S 10 BUSIEST PEDIATRIC EMERGENCY DEPARTMENTS AND HOSTS ONE OF THE LARGEST PEDIATRIC SURGICAL BRAIN TUMOR PROGRAMS. IT IS THE TEACHING SITE FOR THE UNIVERSITY OF TENNESSEE DEPARTMENT OF PEDIATRICS AND HOME TO THE CHILDREN'S FOUNDATION RESEARCH CENTER OF MEMPHIS. LE BONHEUR CHILDREN'S HOSPITAL WAS NAMED A NATIONAL BEST CHILDREN'S HOSPITAL BY U.S. NEWS & WORLD REPORT AND ALSO RECOGNIZED AS HIGH-PERFORMING IN THE FOLLOWING SEVEN SPECIALTIES: CARDIOLOGY & HEART SURGERY, NEUROLOGY & NEUROSURGERY, PULMONOLOGY, UROLOGY, NEPHROLOGY, ORTHOPEDICS, AND NEONATOLOGY. AT METHODIST LE BONHEUR HEALTHCARE, WE TAKE OUR MISSION SERIOUSLY AND ARE COMMITTED TO GIVING BACK TO THE COMMUNITY IN A MEANINGFUL WAY. OUR HOSPITALS ARE PART OF A SYSTEM THAT IS THE LARGEST PROVIDER OF TENNCARE SERVICES IN THE STATE, AND OUR FACILITIES PROVIDE FULL ACCESS TO ALL INDIVIDUALS IN OUR SERVICES AREA. IN 2022 MLH CONTRIBUTED MORE THAN $300 MILLION IN COMMUNITY BENEFIT TO MEMPHIS AND THE MID-SOUTH THROUGH VARIOUS EFFORTS INCLUDING, CHARITY CARE, MEDICARE/TNCARE SHORTFALL, MEDICAL EDUCATION, AND COMMUNITY HEALTH IMPROVEMENT SERVICES. NET COMMUNITY BENEFIT EXPENSE IS CALCULATED USING A STANDARD APPROACH AS REQUIRED FOR GOVERNMENT BENEFIT REPORTING. ABOUT METHODIST LE BONHEUR HEALTHCARE METHODIST LE BONHEUR HEALTHCARE (MLH) HAS SERVED THE MEMPHIS AND MID-SOUTH REGION FOR MORE THAN 100 YEARS. OUR FIVE ADULT HOSPITALS ARE LOCATED ACROSS THE CITY, AND ARE PART OF THE COMMUNITIES THEY SERVE. OUR CHILDREN'S HOSPITAL IS THE REGION'S ONLY COMPREHENSIVE PEDIATRIC HOSPITAL. OUR PHYSICIANS, NURSES AND OTHER CLINICIANS LIVE IN THE COMMUNITIES THAT THEY SERVE AND PROVIDE EXPERT CARE INSIDE THE HOSPITALS AND PREVENTATIVE SERVICES IN THEIR NEIGHBORHOODS. OUR ORGANIZATION IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE, PROVIDING UNCOMPENSATED CARE, CHARITABLE CONTRIBUTIONS TO OTHER COMMUNITY ORGANIZATIONS AND COMMUNITY OUTREACH. WE EMPLOY 250 HEALTH CARE

Return Reference - Identifier	Explanation
	PROFESSIONALS TO ADDRESS COMMUNITY NEEDS AS THEY RELATE TO FOUR MAJOR AREAS: ACCESS TO SERVICES, RISK REDUCTION, CHILD DEVELOPMENT AND EFFECTIVE PARENTING AND CHRONIC ILLNESS MANAGEMENT AND PREVENTION. EXAMPLES INCLUDE PROGRAMS THAT OFFER FREE OR DISCOUNTED PRESCRIPTION DRUGS, NON-BILLED, IN-HOME SERVICES, IN-HOME EQUIPMENT, TRANSPORTATION VOUCHERS, CHILDBIRTH CLASSES AND A VARIETY OF HEALTH FAIRS ALL AIMED AT KEEPING OUR COMMUNITIES HEALTHY. MLH HAS RECEIVED REGIONAL AND NATIONAL RECOGNITION FOR THE CARE IT PROVIDES. METHODIST ADULT HOSPITALS IN THE MEMPHIS AREA, WHICH INCLUDE METHODIST UNIVERSITY, METHODIST LE BONHEUR GERMANTOWN, METHODIST NORTH AND METHODIST SOUTH, ARE RANKED AS A TOP HOSPITAL IN THE REGION BY U.S. NEWS & WORLD REPORT. METHODIST OLIVE BRANCH HOSPITAL IN NORTH MISSISSIPPI IS A CMS 4-STAR HOSPITAL, THE ONLY HOSPITAL IN THE REGION TO BE SO RECOGNIZED FOR BOTH QUALITY AND PATIENT EXPERIENCE. LE BONHEUR CHILDREN'S HOSPITAL HAS BEEN NAMED A "BEST CHILDREN'S HOSPITAL" BY U.S. NEWS & WORLD REPORT FOR ELEVEN/11 CONSECUTIVE YEARS. LE BONHEUR PROVIDES OUTPATIENT SERVICES IN WEST TENNESSEE, NORTHERN MISSISSIPPI AND EASTERN ARKANSAS TO ENSURE CHILDREN THERE HAVE ACCESS TO EXPERT PEDIATRIC CARE. LE BONHEUR IS ALSO A LEVEL 1 PEDIATRIC TRAUMA CENTER, AND SERVES AS THE REGION'S PRIMARY SOURCE FOR PEDIATRIC TRAUMA CARE AND TRAUMA EDUCATION FOR REGIONAL PROVIDERS. METHODIST ALSO SERVES THE COMMUNITY WITH DIAGNOSTIC CARE FACILITIES IN THE COMMUNITIES WE SERVE AND ONE HOSPICE FACILITY COMMITTED TO CARING FOR OUR PATIENTS AT END-OF-LIFE. WE ARE ALSO AN ECONOMIC DRIVER FOR THE COMMUNITY, CONTRIBUTING $5 BILLION TO THE MEMPHIS-AREA ECONOMY. MLH EMPLOYS MORE THAN 10,600 ASSOCIATES AND HAS A MEDICAL STAFF OF MORE THAN 2,400 PROVIDERS, MAKING IT THE SECOND-LARGEST PRIVATE EMPLOYER IN SHELBY COUNTY. METHODIST UNIVERSITY HOSPITAL IS A PRIMARY TEACHING HOSPITAL FOR THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER AND LE BONHEUR CHILDREN'S SERVES AS THE PRIMARY TEACHING AFFILIATE FOR THE UNIVERSITY, TRAINING HUNDREDS OF PEDIATRICIANS AND SPECIALISTS EACH YEAR. OUR RESEARCHERS ARE WORKING TO FIND NEW SOLUTIONS TO CHRONIC DISEASE THAT AFFECTS OUR POPULATION ESPECIALLY INCLUDING NEW TREATMENTS FOR DIABETES AND ASTHMA. WE ALSO HAVE SIGNIFICANT PARTNERSHIPS WITH ST. JUDE CHILDREN'S RESEARCH HOSPITAL AND THE UNIVERSITY OF MEMPHIS TO EXTEND OUR RESEARCH AND TEACHING CAPABILITIES. MEDICAL EDUCATION AND RESEARCH-METHODIST SUPPORTS VIA DIRECT SALARY AND BENEFIT CONTRIBUTIONS TO THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER (UTHSC) FOR GRADUATE MEDICAL TRAINING POSITIONS (GME) AT METHODIST UNIVERSITY HOSPITAL, LE BONHEUR CHILDREN'S HOSPITAL, AND METHODIST LE BONHEUR GERMANTOWN HOSPITAL. THESE GME RESIDENTS AND FELLOWS ARE EMPLOYEES AND TRAINEES AT THE UNIVERSITY OF TENNESSEE, BUT THEIR FINANCIAL SUPPORT FOR SALARIES AND BENEFITS COMES VIA METHODIST. THESE TRAINEES SPEND TIME AT A METHODIST HOSPITAL DURING THE PERIODS OF METHODIST SUPPORT AND ARE INVOLVED IN PATIENT CARE IN ADDITION TO EDUCATIONAL ACTIVITIES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INPUT FROM HUMAN RESOURCES, LEGAL, COMPLIANCE, AND FINANCE DEPARTMENTS AND EXTERNAL FINANCIAL CONSULTANTS. FINANCIAL INFORMATION IS RECONCILED TO AUDITED FINANCIAL STATEMENTS AS APPROPRIATE. THE INFORMATION TO BE DISCLOSED REGARDING COMPENSATION IS REVIEWED WITH THE COMPENSATION COMMITTEE OF THE BOARD. THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MLH AND MANAGEMENT OF THE ORGANIZATION AS APPROPRIATE. A COPY OF THE RETURN IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND DISCUSSED AT A SCHEDULED BOARD MEETING PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	METHODIST LE BONHEUR HEALTHCARE EMPLOYS A COMPLIANCE OFFICER WHO MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL VOTING BOARD MEMBERS AND APPLICABLE OFFICERS.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE BOARD OF DIRECTORS. AN EXTERNAL INDEPENDENT CONSULTANT ADVISES THE BOARD COMPENSATION COMMITTEE ON EXECUTIVE SALARY AND INCENTIVE COMPENSATION. BENEFITS ARE PERIODICALLY BENCHMARKED BY A SEPARATE EXTERNAL CONSULTANT AND ANY CHANGES ARE APPROVED BY THE BOARD OF DIRECTORS COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS AND IS A SUBGROUP OF THE FULL BOARD OF DIRECTORS. THE COMPENSATION CONSULTANT ANNUALLY DEVELOPS TOTAL CASH COMPENSATION COMPARISONS OF PEER NON-PROFIT SYSTEMS ESTABLISHED BY THE COMPENSATION COMMITTEE. THE COMPENSATION CONSULTANT INTERPRETS THE INFORMATION AND PROVIDES AN OPINION OF REASONABLENESS ON THE TOTAL CASH COMPENSATION PACKAGE. THE COMPENSATION COMMITTEE APPROVES ANY CHANGES TO THE COMPENSATION AND EXECUTIVE BENEFIT STRUCTURE OF THE CEO AND OTHER TOP EXECUTIVES, OTHERWISE KNOWN AS DISQUALIFIED CANDIDATES. ALL OTHER COMPENSATION DECISIONS ARE DETERMINED BY ARRANGEMENT AS DELEGATED BY THE BOARD OF DIRECTORS. THE COMMITTEE DOCUMENTS ALL DETERMINATIONS.
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT OUR WEBSITE AT HTTPS://WWW.METHODISTHEALTH.ORG/ABOUT-US/OUR-CULTURE/COMMUNITY-IMPACT/IRS-9 0-FORMS.DOT

<table>
<tr><th>Return Reference - Identifier</th><th>Explanation</th></tr>
<tr><td>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</td><td>THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED IN A CONSOLIDATION WITH METHODIST LE BONHEUR HEALTHCARE 58-1454711
ITS RELATED SUBSIDIARIES. INFORMATION ON FINANCIAL STATEMENTS IS AVAILABLE BY CONTACTING THE ORGANIZATION'S CORPORATE OFFICE. PLEASE SEE FORM 990,</td></tr>
<tr><td>FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES</td><td>
<table>
<tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr>
<tr><td>CONTRACT LABOR</td><td>15,969,381</td><td>4,631,166</td><td>11,338,215</td><td></td></tr>
<tr><td>MAINTENANCE CONTRACTS</td><td>328,429</td><td>328,429</td><td></td><td></td></tr>
<tr><td>PROFESSIONAL FEES</td><td>57,648</td><td></td><td>57,648</td><td></td></tr>
<tr><td>CONSULTING & MANAGEMENT</td><td>2,892,420</td><td></td><td>2,892,420</td><td></td></tr>
<tr><td>Total</td><td>19,247,878</td><td>4,959,595</td><td>14,288,283</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES</td><td>
<table>
<tr><th>(a) Description</th><th>(b) Amount</th></tr>
<tr><td>CHANGE IN VALUE OF MINIMUM PENSION LIABILITY</td><td>12,236,093</td></tr>
<tr><td>EQUITY TRANSFERS TO/FROM AFFILIATES</td><td>- 165,973,525</td></tr>
</table>
</td></tr>
</table>

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: METHODIST LE BONHEUR HEALTHCARE, INC.

Employer identification number 58-1454711

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ALLIANCE HEALTH SERVICES INC. (62-0841121) 6400 SHELBY VIEW SUITE 101, MEMPHIS, TN 38134	HEALTHCARE	TN	501(C)(3)	10	HEALTHCARE LEBONHEUR HEALTHCARE	✔	
(2) CHILDREN'S FOUNDATION RESEARCH INSTITUTE (83-4329511) 850 POPLAR AVENUE BLDG 2,, MEMPHIS, TN 38105	HEALTHCARE	TN	501(C)(3)	10	LE BONHEUR CHILDREN'S FOUNDATION	✔	
(3) LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION (62-1872938) 850 POPLAR AVENUE BLDG 2,, MEMPHIS, TN 38105	FOUNDATION	TN	501(C)(3)	12 TYPE I	METHODIST LE BONHEUR HEALTHCARE	✔	
(4) METHODIST HEALHCARE - OLIVE BRANCH HOSPITAL (64-0889822) 1211 UNION AVENUE SUITE 700,, MEMPHIS, TN 38104	HOSPITAL	MS	501(C)(3)	3	METHODIST LE BONHEUR HEALTHCARE	✔	
(5) METHODIST HEALTHCARE - MEMPHIS HOSPITALS (62-0479367) 1265 UNION AVENUE, MEMPHIS, TN 38104	HOSPITAL	TN	501(C)(3)	3	METHODIST LE BONHEUR HEALTHCARE	✔	
(6) METHODIST HEALTHCARE CENTRAL MS MEDICAL ASSOCIATES (64-0884720) 1211 UNION AVENUE SUITE 657,, MEMPHIS, TN 38104	PHYSICIAN PRACTICES	MS	501(C)(3)	3	METHODIST LE BONHEUR HEALTHCARE	✔	
(7) (SEE STATEMENT)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)(SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b Gift, grant, or capital contribution to related organization(s)	1b		✔
c Gift, grant, or capital contribution from related organization(s)	1c	✔	
d Loans or loan guarantees to or for related organization(s)	1d		✔
e Loans or loan guarantees by related organization(s)	1e		✔
f Dividends from related organization(s)	1f		✔
g Sale of assets to related organization(s)	1g		✔
h Purchase of assets from related organization(s)	1h		✔
i Exchange of assets with related organization(s)	1i		✔
j Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✔	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o Sharing of paid employees with related organization(s)	1o	✔	
p Reimbursement paid to related organization(s) for expenses	1p	✔	
q Reimbursement paid by related organization(s) for expenses	1q	✔	
r Other transfer of cash or property to related organization(s)	1r	✔	
s Other transfer of cash or property from related organization(s)	1s	✔	

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)	METHODIST HEALTHCARE - MEMPHIS HOSPITALS	L	183,217,272	INTERCOMPANY TRANSACTION
(2)	METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	L	5,521,368	INTERCOMPANY TRANSACTION
(3)	METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	L	359,952	INTERCOMPANY TRANSACTION
(4)	ALLIANCE HEALTH SERVICES	L	1,379,580	INTERCOMPANY TRANSACTION
(5)	LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION	L	499,908	INTERCOMPANY TRANSACTION
(6)	(SEE STATEMENT)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
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Schedule R (Form 990) 2022

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(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
(7) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES (62-1403517) 6400 SHELBY VIEW SUITE 101, MEMPHIS, TN 38134	OUTPATIENT HEALTHCARE	MS	501(C)(3)	10	METHODIST LE BONHEUR HEALTHCARE	✓	
(8) METHODIST HEALTHCARE FOUNDATION (23-7320638) 1211 UNION AVENUE SUITE 450, MEMPHIS, TN 38104	FOUNDATION	TN	501(C)(3)	12 TYPE I	METHODIST LE BONHEUR HEALTHCARE	✓	
(9) METHODIST HEALTHCARE PRIMARY CARE ASSOCIATES (58-2078931) 1211 UNION AVENUE SUITE 657,, MEMPHIS, TN 38104	PHYSICIAN PRACTICES	TN	501(C)(3)	10	METHODIST LE BONHEUR HEALTHCARE	✓	
(10) METHODIST HEALTHCARE-JACKSON HOSPITAL (64-0794199) 1211 UNION AVENUE SUITE 657, MEMPHIS, TN 38104	INACTIVE HOSPITAL	MS	501(C)(3)	3	METHODIST LE BONHEUR HEALTHCARE	✓	
(11) METHODIST HEALTHCARE-JONESBORO HOSPITAL (71-0499625) 1211 UNION AVENUE SUITE 657, MEMPHIS, TN 38104	INACTIVE HOSPITAL	AR	501(C)(3)	3	METHODIST LE BONHEUR HEALTHCARE	✓	
(12) METHODIST HEALTHCARE-MIDDLE MISSISSIPPI HOSPITAL (64-0698911) 1211 UNION AVENUE SUITE 657, MEMPHIS, TN 38104	INACTIVE HOSPITAL	MS	501(C)(3)	3	METHODIST LE BONHEUR HEALTHCARE	✓	
(13) METHODIST LE BONHEUR COMMUNITY OUTREAC (62-1251288) 1211 UNION AVENUE SUITE 700, MEMPHIS, TN 38104	FOUNDATION	TN	501(C)(3)	7	LE BONHEUR CHILDREN'S FOUNDATION	✓	
(14) THE URBAN CHILD INSTITUTE (58-1514037) 600 JEFFERSON, MEMPHIS, TN 38105	COMMUNITY OUTREACH	TN	501(C)(3)	12 TYPE II	N/A		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) METHODIST SURGERY CENTER-GERMANTOWN, LP - (62-1659904) 1363 S GERMANTOWN ROAD, GERMANTOWN, TN 38138	SURGERY CENTER	TN	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(2) HAMILTON EYE INSTITUTE SURGERY CENTER, LP - (20-2873438) 930 MADISON AVE 3RD FLOOR, MEMPHIS, TN 38103	SURGERY CENTER	TN	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(3) LE BONHEUR EAST SURGERY CENTER II, LP (80-0247391) 86 ESTATE PLACE, MEMPHIS, TN 38120	SURGERY CENTER	TN	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

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

Part V Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) METHODIST HEALTHCARE FOUNDATION	L	205,272	INTERCOMPANY TRANSACTION
(7) METHODIST LE BONHEUR COMMUNITY OUTREACH	L	695,940	INTERCOMPANY TRANSACTION
(8) AMBULATORY OPERATIONS INC	L	259,932	INTERCOMPANY TRANSACTION
(9) METHODIST HEALTHCARE - MEMPHIS HOSPITALS	Q	27,149,678	INTERCOMPANY TRANSACTION
(10) METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	Q	1,932,799	INTERCOMPANY TRANSACTION
(11) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	Q	418,623	INTERCOMPANY TRANSACTION
(12) ALLIANCE HEALTH SERVICES	Q	345,913	INTERCOMPANY TRANSACTION
(13) METHODIST LE BONHEUR COMMUNITY OUTREACH	Q	107,693	INTERCOMPANY TRANSACTION
(14) ALLIANCE HEALTH SERVICES	R	2,439,252	EQUITY TRANSFER
(15) METHODIST LE BONHEUR COMMUNITY OUTREACH	R	501,888	EQUITY TRANSFER
(16) METHODIST HEALTHCARE - MEMPHIS HOSPITALS	R	143,302,019	EQUITY TRANSFER
(17) METHODIST HEALTHCARE COMMUNITY CARE ASSOCIATES	S	210,906	EQUITY TRANSFER
(18) METHODIST HEALTHCARE-OLIVE BRANCH HOSPITAL	R	15,868,346	EQUITY TRANSFER

Part VII	**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

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