Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS*

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

** 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning and ending

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

C Name of organization: THE METHODIST HOSPITALS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 600 GRANT STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: GARY, IN 46402

F Name and address of principal officer: MATTHEW DOYLE
SAME AS C ABOVE

D Employer identification number: 35-0868133

E Telephone number: (219) 886-4402

G Gross receipts $: 436,714,479.

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.METHODISTHOSPITALS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1941 **M** State of legal domicile: IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE METHODIST HOSPITALS, INC. (METHODIST) IS AN INDIANA NONPROFIT CORPORATION OPERATING TWO

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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2788
6	Total number of volunteers (estimate if necessary)	6	32
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	33,629,197.	19,187,717.
9	Program service revenue (Part VIII, line 2g)	370,601,257.	405,158,512.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,212,102.	5,080,598.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	428,628.	506,557.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	409,871,184.	429,933,384.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,955.	34,355.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	187,650,524.	188,583,239.
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)	209,065,693.	230,234,377.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	396,805,172.	418,851,971.
19	Revenue less expenses. Subtract line 18 from line 12	13,066,012.	11,081,413.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	450,659,553.	450,065,579.
21	Total liabilities (Part X, line 26)	195,355,672.	171,700,779.
22	Net assets or fund balances. Subtract line 21 from line 20	255,303,881.	278,364,800.

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: 11-11-2022

▶ MATTHEW DOYLE, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DAVID LOWENTHAL	DAVID LOWENTHAL	11/09/22	☐	P00378651

Firm's name ▶ PLANTE & MORAN, PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR, CHICAGO, IL 60606 — Phone no. (312) 207-1040

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE METHODIST HOSPITALS, INC'S MISSION IS TO PROVIDE COMPASSIONATE, QUALITY HEALTH CARE SERVICES TO ALL THOSE IN NEED.

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 X 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 X 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 $ 366,029,820. including grants of $ 34,355.) (Revenue $ 405,158,512.)
THE METHODIST HOSPITALS, INC. HAS A COMMITMENT TO THE NEEDS OF ITS DIVERSE COMMUNITIES THROUGH QUALITY SERVICES. ITS REGIONAL REPUTATION FOR EXCELLENCE SINCE 1923 CONTINUES TO SUPPORT THE MARKET POSITION.

METHODIST HOSPITALS IS AN INDIANA NOT-FOR-PROFIT CORPORATION, 562 BED COMMUNITY-BASED HEALTHCARE SYSTEMS GOVERNED BY A BOARD OF DIRECTORS. AS STEWARDS OF THE MISSION, REINVESTMENT IN THE COMMUNITIES IS CARRIED OUT THROUGH CHARITABLE GIVING, COMMUNITY EDUCATION PROGRAMS, ECONOMIC DEVELOPMENT FORUMS, SUPPORT SERVICES, SCREENINGS, AND ADVOCATING QUALITY CARE FOR THE MOST VULNERABLE AND UNDERSERVED. METHODIST HOSPITALS CONTINUES TO BE A FRONTRUNNER IN PROMOTING COMMUNITY HEALTH INITIATIVES AND SERVING POPULATIONS WITH HIGH INCIDENTS OF ACUTE

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 ▶ 366,029,820.

SEE SCHEDULE O FOR CONTINUATION(S)

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

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		X
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	X	
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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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		X
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		X
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		X
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		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
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		X
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		X
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	X	

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	237		
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		X	

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 2788			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		X
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		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator 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 X

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	14		
	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	13		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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 ▶ IN

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 ▶

MATTHEW DOYLE - 219-886-4000

600 GRANT STREET, GARY, IN 46402

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, 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDRE K. ARTIS	40.00									
PHYSICIAN	0.00					X		904,392.	0.	18,778.
(2) MIHAS M. KODENCHERY	40.00									
PHYSICIAN	0.00					X		867,620.	0.	23,101.
(3) HARISH A. SHAH	40.00									
PHYSICIAN	0.00					X		836,617.	0.	18,778.
(4) MATTHEW DOYLE	40.00									
PRESIDENT, CHIEF EXECUTIVE OFFICER	0.30			X				688,317.	0.	64,942.
(5) VINEET P. SHAH	40.00									
PHYSICIAN	0.00					X		698,781.	0.	31,768.
(6) THACH N. NGUYEN	40.00									
PHYSICIAN	0.00					X		673,849.	0.	10,148.
(7) VINCENT L. SEVIER, MD	40.00									
SENIOR VP, CHIEF MEDICAL OFFICER	0.00				X			466,819.	0.	43,186.
(8) MARLA HOYER-LAREAU	40.00									
SENIOR VP, CHIEF NURSING AND OPERATI	0.00				X			378,511.	0.	39,035.
(9) WRIGHT ALCORN	40.00									
VICE PRESIDENT, OPERATIONS	0.00				X			341,940.	0.	17,718.
(10) RAYMOND GRADY	0.00									
FORMER CHIEF EXECUTIVE OFFICER	0.00						X	328,838.	0.	0.
(11) KURT MEYER	40.00									
VICE PRESIDENT, HUMAN RESOURCES	0.00				X			227,374.	0.	16,745.
(12) LAUREN TRUMBO, CPA	40.00									
CFO (BEG. 7-2021)	0.00			X				135,935.	0.	3,760.
(13) BHARAT H. BARAI, MD	2.00									
BOARD MEMBER	0.00	X						77,310.	0.	0.
(14) KATRINA WRIGHT, MD	2.00									
BOARD MEMBER	0.00	X						6,075.	0.	0.
(15) ROBERT E. JOHNSON, III	2.20									
BOARD CHAIRMAN	0.00	X		X				6,000.	0.	0.
(16) JOHN A. LOWENSTINE, CPA	2.20									
BOARD VICE-CHAIRMAN	0.00	X		X				6,000.	0.	0.
(17) MATTISON A. DILTS	2.20									
BOARD TREASURER	0.20	X		X				6,000.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GLENN S. VICIAN	2.20									
BOARD SECRETARY	0.20	X		X				6,000.	0.	0.
(19) SCOTT J. MAY, CPA	2.00									
BOARD MEMBER	0.00	X						6,000.	0.	0.
(20) CHERYL L. PRUITT, PHD	2.00									
BOARD MEMBER	0.00	X						6,000.	0.	0.
(21) SCOTT T. RIBORDY	2.00									
BOARD MEMBER	0.00	X						6,000.	0.	0.
(22) SHELICE R. TOLBERT	2.00									
BOARD MEMBER	0.00	X						6,000.	0.	0.
(23) CURTIS A. WHITTAKER, SR., CPA	2.00									
BOARD MEMBER	0.00	X						6,000.	0.	0.
(24) RITA R. JACKSON	2.00									
BOARD MEMBER	0.00	X						2,000.	0.	0.
(25) MARTI G. LUNDY, PHD	2.00									
BOARD MEMBER	0.00	X						1,000.	0.	0.
(26) MAMON POWERS, JR.	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
1b Subtotal ▶								6,689,378.	0.	287,959.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								6,689,378.	0.	287,959.

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 ▶ 329

		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	X	
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	X	
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		X

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
MEDICAL SOLUTIONS L.L.C. PO BOX 310737, DES MOINES, IA 50331	CONTRACTED NURSING LABOR	14,669,950.
CEP AMERICA LLC, 2100 POWELL ST. SUITE 400, EMERYVILLE, CA 94608	EMERGENCY DEPARTMENT PHYSICIANS	2,386,584.
BOTTOM LINE SYSTEMS LLC, 541 BUTTERMILK PIKE SUITE 401, CRESCENT SPRINGS, KY 41017	CONSULTING	1,045,389.
HODGES & DAVIS, PC 8700 BROADWAY, MERRILLVILLE, IN 46410	LEGAL SERVICES	889,165.
PROFESSIONAL CLINICAL LABORATORIES, LLC (AL 26051 NETWORK PLACE, CHICAGO, IL 60673	LAB SERVICES - TESTING	706,978.

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 ▶ 30

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	403,410.				
	e Government grants (contributions)	1e	18,426,305.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	358,002.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h Total. Add lines 1a-1f			19,187,717.			
Program Service Revenue		Business Code					
	2a HEALTHCARE AND SOCIAL ASSISTANCE	621500		331331665.	331331665.		
	b MEDICAID DISPROPORTIONATE SHARE	621500		65,378,263.	65378263.		
	c OTHER PATIENT SERVICES	621500		8,059,349.	8,059,349.		
	d EMR INCENTIVE PAYMENTS	900099		389,235.	389,235.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			405158512.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,026,527.			5026527.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	925,490.				
	b Less: rental expenses	6b	418,933.				
	c Rental income or (loss)	6c	506,557.				
	d Net rental income or (loss)			506,557.			506,557.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	6,356,932. / 59,301.				
	b Less: cost or other basis and sales expenses	7b	6,362,162. / 0.				
	c Gain or (loss)	7c	-5,230. / 59,301.				
	d Net gain or (loss)			54,071.			54,071.
	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						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			429933384.	405158512.	0.	5587155.

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 X

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	34,355.	34,355.		
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	2,247,168.	965,561.	1,281,607.	
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	147,554,672.	126,558,042.	20,996,630.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,670,501.	4,012,730.	657,771.	
9 Other employee benefits	23,799,389.	20,139,314.	3,660,075.	
10 Payroll taxes	10,311,509.	8,707,091.	1,604,418.	
11 Fees for services (nonemployees):				
a Management	2,686,867.	2,064,847.	622,020.	
b Legal	1,522,744.	1,164,373.	358,371.	
c Accounting	190,350.		190,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	133,700.		133,700.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	71,115,389.	62,823,499.	8,291,890.	
12 Advertising and promotion	1,367,823.	1,208,776.	159,047.	
13 Office expenses	79,521,708.	73,297,048.	6,224,660.	
14 Information technology	7,190,642.	6,046,150.	1,144,492.	
15 Royalties				
16 Occupancy	10,668,641.	6,548,462.	4,120,179.	
17 Travel	154,918.	145,569.	9,349.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,608.	9,946.	662.	
20 Interest	2,341,346.	2,010,202.	331,144.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,421,345.	14,321,969.	2,099,376.	
23 Insurance	3,071,682.	2,776,390.	295,292.	
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 MEDICAID ASSESSMENT FEE	18,001,228.	18,001,228.		
b BAD DEBT EXPENSE	14,847,471.	14,847,471.		
c DUES & SUBSCRIPTIONS	708,191.	346,797.	361,394.	
d REORGANIZATION COSTS	279,724.		279,724.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	418,851,971.	366,029,820.	52,822,151.	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 ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	111,181,633.	1	103,715,421.
	2	Savings and temporary cash investments	8,510,135.	2	8,413,951.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	49,044,634.	4	47,726,150.
	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	12,739,123.	8	13,138,461.
	9	Prepaid expenses and deferred charges	3,884,320.	9	4,617,356.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 534,477,205.			
	b	Less: accumulated depreciation — 10b: 398,431,402.	138,183,640.	10c	136,045,803.
	11	Investments - publicly traded securities	109,992,041.	11	118,132,642.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,124,027.	15	18,275,795.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	450,659,553.	16	450,065,579.
Liabilities	17	Accounts payable and accrued expenses	39,944,538.	17	47,765,001.
	18	Grants payable		18	
	19	Deferred revenue	53,227,603.	19	27,507,096.
	20	Tax-exempt bond liabilities	72,515,662.	20	69,810,538.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	29,667,869.	25	26,618,144.
	26	**Total liabilities.** Add lines 17 through 25	195,355,672.	26	171,700,779.
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	254,561,753.	27	277,705,566.
	28	Net assets with donor restrictions	742,128.	28	659,234.
		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	255,303,881.	32	278,364,800.
	33	Total liabilities and net assets/fund balances	450,659,553.	33	450,065,579.

Form **990** (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	429,933,384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	418,851,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,081,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	255,303,881.
5	Net unrealized gains (losses) on investments	5	3,977,197.
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	8,002,309.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	278,364,800.

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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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	X	

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

2021

Open to Public Inspection

Name of the organization

THE METHODIST HOSPITALS, INC.

Employer identification number

35-0868133

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 .....

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2021.** 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 - 2020.** 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 - 2021.** 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 - 2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on 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

			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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

THE METHODIST HOSPITALS, INC.

Employer identification number

35-0868133

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 19,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 403,410.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 7,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2021

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
THE METHODIST HOSPITALS, INC.	35-0868133

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.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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-.

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.		
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-		

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.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		141,100.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		9,734.
j Total. Add lines 1c through 1i			150,834.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 expenditure 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A PORTION OF MEMBERSHIP DUES PAID TO THE INDIANA HOSPITAL ASSOCIATION (IHA) IS ATTRIBUTABLE TO LOBBYING ACTIVITIES. A PERCENTAGE HAS BEEN APPLIED, AS PROVIDED BY THE ORGANIZATION.

PART II-B, LINE 1(G):

Part IV **Supplemental Information** *(continued)*

THE CHIEF CONSULTANT OF GOVERNMENTAL AFFAIRS MEETS WITH STATE AND LOCAL LEGISLATORS ON ISSUES AFFECTING THE ORGANIZATION.

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

2021

Open to Public Inspection

Name of the organization
THE METHODIST HOSPITALS, INC.

Employer identification number
35-0868133

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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(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		5,373,674.		5,373,674.
b Buildings		316,315,945.	235,450,313.	80,865,632.
c Leasehold improvements		1,230,154.	719,918.	510,236.
d Equipment		201,045,186.	162,261,171.	38,784,015.
e Other		10,512,246.		10,512,246.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				136,045,803.

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. (Col. (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. (Col. (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) THIRD PARTY PAYOR SETTLEMENT	8,552,980.
(3) ESTIMATED SELF INSURANCE LIABILITY	5,802,293.
(4) ASBESTOS MITIGATION LIABILITY	726,741.
(5) PENSION & POST RETIREMENT	
(6) OBLIGATIONS	184,944.
(7) OTHER LIABILITIES	515,702.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	26,618,144.

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	425,497,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,977,198.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-8,698,808.		
e	Add lines 2a through 2d			2e	-4,721,610.
3	Subtract line 2e from line 1			3	430,218,617.
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	133,700.		
b	Other (Describe in Part XIII.)	4b	-418,933.		
c	Add lines 4a and 4b			4c	-285,233.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	429,933,384.

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	402,477,739.
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	1,037,760.		
e	Add lines 2a through 2d			2e	1,037,760.
3	Subtract line 2e from line 1			3	401,439,979.
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	133,700.		
b	Other (Describe in Part XIII.)	4b	17,278,292.		
c	Add lines 4a and 4b			4c	17,411,992.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	418,851,971.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM FOUNDATION	577,175.
BAD DEBT EXPENSE	-14,847,471.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST	8,002,309.
PENSION-RELATED CHARGES NETTED WITH REVENUE	-2,430,821.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-8,698,808.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE	-418,933.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FOUNDATION EXPENSES	618,827.
RENTAL EXPENSE	418,933.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,037,760.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	14,847,471.
PENSION RELATED CHARGES NETTED WITH REVENUE	2,430,821.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	17,278,292.

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
RIGHT OF USE OPERATING LEASE OBLIGATION	10,835,484.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE METHODIST HOSPITALS, INC.

Employer identification number
35-0868133

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	[X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4550152.	0.	4550152.	1.13%
b Medicaid (from Worksheet 3, column a)			123723685	135080902	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			128273837	135080902	4550152.	1.13%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	3,038	379,249.	0.	379,249.	.09%
f Health professions education (from Worksheet 5)	1	74	642,705.	262,344.	380,361.	.09%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			251,599.	0.	251,599.	.06%
j **Total.** Other Benefits	8	3,112	1273553.	262,344.	1011209.	.24%
k **Total.** Add lines 7d and 7j	8	3,112	129547390	135343246	5561361.	1.37%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 14,847,471.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 2,112,149.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	65,573,505.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	70,856,355.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,282,850.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 THE METHODIST HOSPITALS, INC. 600 GRANT STREET GARY, IN 46402 WWW.METHODISTHOSPITALS.ORG 20-005002-1	X	X					X			
2 THE METHODIST HOSPITALS, INC. 8701 BROADWAY MERRILLVILLE, IN 46410 WWW.METHODISTHOSPITALS.ORG 20-005002-1	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (NORTHLAKE

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): TINYURL.COM/YT838HNJ			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a If "Yes," (list url):			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (NORTHLAKE

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): TINYURL.COM/58HM9H77			
b	[X] The FAP application form was widely available on a website (list url): TINYURL.COM/3HH9RYDT			
c	[X] A plain language summary of the FAP was widely available on a website (list url): TINYURL.COM/MT8FF59D			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (NORTHLAKE

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		
f	☒ None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (NORTHLAKE

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	[X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	[ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	[ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	[ ] The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? 23		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? 24		X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (SOUTHLAKE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): TINYURL.COM/YT838HNJ			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a If "Yes," (list url):			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (SOUTHLAKE

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): TINYURL.COM/58HM9H77			
b	[X] The FAP application form was widely available on a website (list url): TINYURL.COM/3HH9RYDT			
c	[X] A plain language summary of the FAP was widely available on a website (list url): TINYURL.COM/MT8FF59D			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (SOUTHLAKE

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		
f	☒ None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITALS, INC (SOUTHLAKE

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	[X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	[ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	[ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	[ ] The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.		X

Part V Facility Information *(continued)*

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

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 3J: THE CHNA THAT WAS CONDUCTED CONTAINED: THE TOP COMMUNITY HEALTH AND SOCIAL PROBLEMS, BARRIERS TO GOOD HEALTH, DEMOGRAPHICS OF THE PRIMARY SERVICE AREAS AS COMPARED TO THE STATE AND COUNTY THE HOSPITAL IS LOCATED IN; DEATH, DISEASE, AND CHRONIC CONDITIONS THAT ARE PREVALENT IN THE PRIMARY SERVICE AREA. THE SURVEY ALSO DEFINES THE SAMPLE AND DATA COLLECTION METHODOLOGY USED ALONG WITH A COPY OF THE SURVEY.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 3J: THE CHNA THAT WAS CONDUCTED CONTAINED: THE TOP COMMUNITY HEALTH AND SOCIAL PROBLEMS, BARRIERS TO GOOD HEALTH, DEMOGRAPHICS OF THE PRIMARY SERVICE AREAS AS COMPARED TO THE STATE AND COUNTY THE HOSPITAL IS LOCATED IN; DEATH, DISEASE, AND CHRONIC CONDITIONS THAT ARE PREVALENT IN THE PRIMARY SERVICE AREA. THE SURVEY ALSO DEFINES THE SAMPLE AND DATA COLLECTION METHODOLOGY USED ALONG WITH A COPY OF THE SURVEY.

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPRISED OF A SERIES OF ONLINE INTERVIEWS WITH COMMUNITY AND HEALTH CARE LEADERS, SECONDARY ANALYSIS OF THE REGIONAL DEMOGRAPHICS AND HEALTH TRENDS, AND A QUANTITATIVE SURVEY OF RESIDENTS OF THE REGION USING BOTH AN ONLINE AND PAPER-BASED SURVEY THAT WAS DISTRIBUTED AT LOCATIONS AND EVENTS SUCH AS: SENIOR CENTERS, FQHCS, LOCAL COLLEGES, HEALTH FAIRS, PHYSICIAN

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

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

SEMINARS, AND CHURCHES. OUTREACH TO DISTRIBUTE PAPER SURVEYS WAS USED SO AS TO IMPROVE THE SURVEY SCOPE TO THOSE THAT MAY BE UNDER-REPRESENTED IN A TRADITIONAL SURVEY RESEARCH PROJECT.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPRISED OF A SERIES OF ONLINE INTERVIEWS WITH COMMUNITY AND HEALTH CARE LEADERS, SECONDARY ANALYSIS OF THE REGIONAL DEMOGRAPHICS AND HEALTH TRENDS, AND A QUANTITATIVE SURVEY OF RESIDENTS OF THE REGION USING BOTH AN ONLINE AND PAPER-BASED SURVEY THAT WAS DISTRIBUTED AT LOCATIONS AND EVENTS SUCH AS: SENIOR CENTERS, FQHCS, LOCAL COLLEGES, HEALTH FAIRS, PHYSICIAN SEMINARS, AND CHURCHES. OUTREACH TO DISTRIBUTE PAPER SURVEYS WAS USED SO AS TO IMPROVE THE SURVEY SCOPE TO THOSE THAT MAY BE UNDER-REPRESENTED IN A TRADITIONAL SURVEY RESEARCH PROJECT.

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 6A: THE METHODIST HOSPITALS, INC'S CHNA WAS CONDUCTED JOINTLY WITH THE FOLLOWING OTHER HOSPITAL ORGANIZATIONS: COMMUNITY HEALTHCARE SYSTEMS AND FRANCISCAN ALLIANCE OF NORTHWEST INDIANA.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 6A: THE METHODIST HOSPITALS, INC'S CHNA WAS CONDUCTED JOINTLY WITH THE FOLLOWING OTHER HOSPITAL ORGANIZATIONS: COMMUNITY HEALTHCARE SYSTEMS AND FRANCISCAN ALLIANCE OF NORTHWEST INDIANA.

Part V Facility Information *(continued)*

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

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE ON METHODIST HOSPITAL'S WEBSITE AND IS ALSO AVAILABLE UPON REQUEST.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE ON METHODIST HOSPITAL'S WEBSITE AND IS ALSO AVAILABLE UPON REQUEST.

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 11: METHODIST HOSPITALS USED THE CHNA TO IDENTIFY ISSUES OF GREATEST CONCERN, THAT ARE ALIGNED WITH STATE HEALTH DEPARTMENT PRIORITIES AND DEVELOPED ACTION PLANS ON KEY FOCUS AREAS IN WHICH METHODIST HAS BOTH EXPERTISE AND RESOURCES TO COMMIT IN ORDER TO IMPROVE RESIDENT'S HEALTH, IMPROVE QUALITY OF LIFE, REDUCE HEALTH DISPARITIES AND TO INCREASE ACCESSIBILITY TO PREVENTATIVE SERVICES. THE HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA INCLUDED THE FOLLOWING PRIORITY FOCUS AREAS: CHILD HEALTH AND WELLBEING WITH FOCUSES ON REDUCING INFANT MORTALITY, ENCOURAGING BREASTFEEDING, AND DEVELOPING DAY CARE SERVICES; FOOD AND NUTRITION - WITH FOCUS ON IMPROVING ACCESS TO HEALTHY FOODS; AND CHRONIC DISEASE WITH A FOCUS ON HEART DISEASE PREVENTION AND SMOKING CESSATION. DURING 2020, THE COVID-19 PANDEMIC CAUSED METHODIST TO PUT ON HOLD SOME OF ITS INITIATIVES IN ORDER TO LIMIT EXPOSURE AND SPREAD OF COVID-19 TO THE COMMUNITY IT SERVES. LATE IN 2020 AND WHILE STILL IN THE MIDST OF THE COVID-19 PANDEMIC, METHODIST DEVELOPED DIFFERENT WAYS TO SAFELY REFOCUS

Part V Facility Information *(continued)*

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

EFFORTS ON THE FOLLOWING AREAS OF: CANCER, HEART DISEASE AND STROKE, AND ACCESSS TO CARE PROGRAMS. METHODIST HOSPITALS DOES NOT CURRENTLY HAVE PROGRAMS THAT SPECIFICALLY ADDRESS THE REGION'S DISABILITY CARE, UNEMPLOYMENT/JOB TRAINING, POVERTY AND HOMELESSNESS, AND VIOLENCE, VIOLENT CRIME AND DOMESTIC ABUSE.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 11: METHODIST HOSPITALS USED THE CHNA TO IDENTIFY ISSUES OF GREATEST CONCERN, THAT ARE ALIGNED WITH STATE HEALTH DEPARTMENT PRIORITIES AND DEVELOPED ACTION PLANS ON KEY FOCUS AREAS IN WHICH METHODIST HAS BOTH EXPERTISE AND RESOURCES TO COMMIT IN ORDER TO IMPROVE RESIDENT'S HEALTH, IMPROVE QUALITY OF LIFE, REDUCE HEALTH DISPARITIES AND TO INCREASE ACCESSIBILITY TO PREVENTATIVE SERVICES. THE HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA INCLUDED THE FOLLOWING PRIORITY FOCUS AREAS: CHILD HEALTH AND WELLBEING WITH FOCUSES ON REDUCING INFANT MORTALITY, ENCOURAGING BREASTFEEDING, AND DEVELOPING DAY CARE SERVICES; FOOD AND NUTRITION - WITH FOCUS ON IMPROVING ACCESS TO HEALTHY FOODS; AND CHRONIC DISEASE WITH A FOCUS ON HEART DISEASE PREVENTION AND SMOKING CESSATION. DURING 2020, THE COVID-19 PANDEMIC CAUSED METHODIST TO PUT ON HOLD SOME OF ITS INITIATIVES IN ORDER TO LIMIT EXPOSURE AND SPREAD OF COVID-19 TO THE COMMUNITY IT SERVES. LATE IN 2020 AND WHILE STILL IN THE MIDST OF THE COVID-19 PANDEMIC, METHODIST DEVELOPED DIFFERENT WAYS TO SAFELY REFOCUS EFFORTS ON THE FOLLOWING AREAS OF: CANCER, HEART DISEASE AND STROKE, AND ACCESSS TO CARE PROGRAMS. METHODIST HOSPITALS DOES NOT CURRENTLY HAVE PROGRAMS THAT SPECIFICALLY ADDRESS THE REGION'S DISABILITY CARE, UNEMPLOYMENT/JOB TRAINING, POVERTY AND HOMELESSNESS, AND VIOLENCE, VIOLENT CRIME AND DOMESTIC ABUSE.

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

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

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 13B: METHODIST HOSPITALS PROVIDES EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES AT NO CHARGE TO THE PATIENT IF THE FAMILY INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG). PATIENTS WHOSE FAMILY INCOME IS BETWEEN 200 - 400% OF FPG ARE ELIGIBLE FOR SLIDING-SCALE FINANCIAL RELIEF. ALL OTHER APPLICANTS WILL BE SCREENED FOR OTHER SOURCES OF PAYMENT TO DETERMINE WHAT LEVEL OF FINANCIAL ASSISTANCE MAY BE GRANTED.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 13B: METHODIST HOSPITALS PROVIDES EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES AT NO CHARGE TO THE PATIENT IF THE FAMILY INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG). PATIENTS WHOSE FAMILY INCOME IS BETWEEN 200 - 400% OF FPG ARE ELIGIBLE FOR SLIDING-SCALE FINANCIAL RELIEF. ALL OTHER APPLICANTS WILL BE SCREENED FOR OTHER SOURCES OF PAYMENT TO DETERMINE WHAT LEVEL OF FINANCIAL ASSISTANCE MAY BE GRANTED.

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 13H: FAMILY SIZE AND COMPOSITION.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 13H: FAMILY SIZE AND COMPOSITION

Part V | Facility Information *(continued)*

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

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 15E: METHODIST HOSPITALS MAY UTILIZE OTHER SOURCES OF INFORMATION TO MAKE INDIVIDUAL ASSESSMENTS OF FINANCIAL NEED. METHODIST MAY UTILIZE A THIRD-PARTY TO CONDUCT AN ELECTRONIC REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED USING A HEALTHCARE INDUSTRY-RECOGNIZED MODEL BASED ON PUBLIC RECORD DATABASES. IN ADDITION, METHODIST HOSPITALS PROVIDES WEB LINKS TO STATE AND FEDERAL INSURANCE PROGRAMS GEARED TOWARDS THE UNINSURED.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 15E: METHODIST HOSPITALS MAY UTILIZE OTHER SOURCES OF INFORMATION TO MAKE INDIVIDUAL ASSESSMENTS OF FINANCIAL NEED. METHODIST MAY UTILIZE A THIRD-PARTY TO CONDUCT AN ELECTRONIC REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED USING A HEALTHCARE INDUSTRY-RECOGNIZED MODEL BASED ON PUBLIC RECORD DATABASES. IN ADDITION, METHODIST HOSPITALS PROVIDES WEB LINKS TO STATE AND FEDERAL INSURANCE PROGRAMS GEARED TOWARDS THE UNINSURED.

THE METHODIST HOSPITALS, INC (NORTHLAKE CAMPUS):

PART V, SECTION B, LINE 16J: METHODIST HOSPITALS' FINANCIAL ASSISTANCE POLICY AND INSTRUCTIONS ON HOW TO CONTACT METHODIST FOR ASSISTANCE AND FURTHER INFORMATION IS POSTED IN THE HOSPITAL AND CLINIC REGISTRATION AND ADMITTING LOCATIONS, AND IN THE EMERGENCY DEPARTMENT AND ON THE HOSPITAL'S WEBSITE. INFORMATION MAY ALSO BE OBTAINED FROM FINANCIAL COUNSELORS. IN ADDITION, METHODIST HOSPITALS INCLUDES A REFERENCE TO THE PAYMENT POLICIES

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

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

AND FINANCIAL ASSISTANCE ON ALL PRINTED MONTHLY STATEMENTS AND COLLECTION LETTERS.

THE METHODIST HOSPITALS, INC (SOUTHLAKE CAMPUS):

PART V, SECTION B, LINE 16J: METHODIST HOSPITALS' FINANCIAL ASSISTANCE POLICY AND INSTRUCTIONS ON HOW TO CONTACT METHODIST FOR ASSISTANCE AND FURTHER INFORMATION IS POSTED IN THE HOSPITAL AND CLINIC REGISTRATION AND ADMITTING LOCATIONS, AND IN THE EMERGENCY DEPARTMENT AND ON THE HOSPITAL'S WEBSITE. INFORMATION MAY ALSO BE OBTAINED FROM FINANCIAL COUNSELORS. IN ADDITION, METHODIST HOSPITALS INCLUDES A REFERENCE TO THE PAYMENT POLICIES AND FINANCIAL ASSISTANCE ON ALL PRINTED MONTHLY STATEMENTS AND COLLECTION LETTERS.

THE METHODIST HOSPITALS, INC (NORTHLAKE AND SOUTHLAKE CAMPUS)

PART V, SECTION B, LINE 16A:

HTTPS://METHODISTHOSPITALS.ORG/WP-CONTENT/UPLOADS/2021/06/PA_03-2021-FINANCIAL-ASSISTANCE-POLICY.PDF

PART V, SECTION B, LINE 16B:

HTTPS://METHODISTHOSPITALS.ORG/WP-CONTENT/UPLOADS/2021/03/FINANCIAL-ASSISTANCE-APPLICATION-ENGLISH2019.PDF

PART V, SECTION B, LINE 16C:

HTTPS://METHODISTHOSPITALS.ORG/WP-CONTENT/UPLOADS/2021/03/FINANCIAL-ASSISTANCE-PLAIN-LANGUAGE-SUMMARY.PDF

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 20

	Name and address	Type of Facility (describe)
1	METHODIST HOSPITALS MEDICAL OFFICE BU 101 E 87TH AVE MERRILLVILLE, IN 46410	IMAGING AND LAB SERVICES; OUTPATIENT SURGERY CENTER; BREAST CENTER; PHYSICIA
2	METHODIST HOSPITALS, INC. 2269 WEST 25TH STREET GARY, IN 46404	OUTPATIENT REHAB/PHYSICIAN OFFICES
3	METHODIST HOSPITALS PHYSICIAN GROUP 5800 BROADWAY MERRILLVILLE, IN 46410	PHYSICIAN OFFICES-CARDIOLOGY
4	METHODIST HOSPITALS NORTHLAKE PHYSICI 650 GRANT ST GARY, IN 46408	PHYSICIAN OFFICES-FAMILY MEDICINE, SURGERY, UROLOGY
5	METHODIST HOSPITALS ENDOSCOPY CENTER 8895 BROADWAY MERRILLVILLE, IN 46410	OUTPATIENT ENDOSCOPY CENTER
6	METHODIST HOSPITALS PHYSICIAN GROUP 202 E 86TH BROADWAY STES 200, 201, 20 MERRILLVILLE, IN 46410	PHYSICIAN OFFICES-CARDIOLOGY
7	METHODIST HOSPITALS REHAB CENTER 303 E 89TH AVE MERRILLVILLE, IN 46410	OUTPATIENT REHAB, HOME HEALTH SERVICES
8	METHODIST HOSPITAL CARDIOGRAPHICS, LL 600 GRANT STREET GARY, IN 46402	EKG READINGS
9	METHODIST HOSPITALS CARE FIRST/CARDIA 751-761 EAST 81ST AVE MERRILLVILLE, IN 46410	OUTPATIENT CARDIAC REHAB, IMMEDIATE CARE CLINIC, AND PHYSICIAN OFFICES-FAMIL
10	METHODIST HOSPITALS PHYSICIAN GROUP 3195 BROADWAY GARY, IN 46403	PHYSICIAN OFFICE-INTERNAL MEDICINE

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 20

Name and address	Type of Facility (describe)
11 METHODIST HOSPITALS PHYSICIAN GROUP 1275 E. NORTH STREET CROWN POINT, IN 46307	IMMEDIATE CARE CLINIC AND PHYSICIAN OFFICES
12 METHODIST HOSPITALS CENTER FOR ADVANC 200 E 89TH AVE MERRILLVILLE, IN 46410	PHYSICIAN OFFICES-NEUROSCIENCES
13 SCHERERVILLE IMAGING CENTER 7860 BURR STREET SCHERERVILLE, IN 46375	IMAGING CENTER
14 METHODIST HOSPITALS PHYSICIAN GROUP 255 EAST 90TH DR - SUITE W1 MERRILLVILLE, IN 46410	PHYSICIAN OFFICE-OTOLARYNGOLOGY
15 METHODIST HOSPITALS PHYSICIAN GROUP 9105-A INDIANAPOLIS BLVD HIGHLAND, IN 46322	PHYSICIAN OFFICE-PODIATRY
16 METHODIST HOSPITALS PHYSICIAN GROUP 2200 GRANT ST GARY, IN 46404	PHYSICIAN OFFICE-OB/GYN
17 METHODIST HOSPITALS PHYSICIAN GROUP 6101 MILLER AVE GARY, IN 46403	PHYSICIAN OFFICE-INTERNAL MEDICINE
18 METHODIST HOSPITALS PHYSICIAN GROUP 502 EAST CULVER RD KNOX, IN 46534	PHYSICIAN OFFICE-CARDIOLOGY AND PODIATRY
19 METHODIST HOSPITALS PHYSICIAN GROUP 3229 BROADWAY - STE 104 GARY, IN 46409	PHYSICIAN OFFICES-CARDIOLOGY
20 METHODIST HOSPITALS PHYSICIAN GROUP 1212 BROAD ST GRIFFITH, IN 46319	PHYSICIAN OFFICES-CARDIOLOGY

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 20

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

METHODIST HOSPITALS USES PUBLISHED FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR CHARITY OR MAY BE ELIGIBLE FOR SLIDING-SCALE FINANCIAL RELIEF. IF A PATIENT IS DEEMED TO HAVE A CATASTROPHIC BALANCE WHICH IS A BALANCE DUE TO METHODIST HOSPITALS THAT IS GREATER THAN 25% OF THE PATIENT'S ANNUAL FAMILY INCOME AS DETERMINED OVER A 12-MONTH PERIOD, THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART I, LINE 7:

THE METHODOLOGY USED IS A COST-TO-CHARGE RATIO.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 14,847,471.

PART II, COMMUNITY BUILDING ACTIVITIES:

METHODIST HOSPITALS' COMMUNITY ENGAGEMENT INCLUDES A BROAD RANGE OF

Part VI | Supplemental Information *(Continuation)*

AFFILIATIONS AND PARTNERSHIPS INCLUDING THE CITY OF GARY, GARY LITERACY COALITION, YWCA OF GARY, LOCAL CHAMBERS OF COMMERCE, AND COMMUNITY ORGANIZATIONS FOR FAMILIES AND YOUTH. THE HOSPITAL IS ALSO A LEADER IN THE SUPPORT OF A NUMBER OF HEALTH ADVOCACY ORGANIZATION INCLUDING THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, PINK RIBBON SOCIETY, AND NATIONAL MULTIPLE SCLEROSIS SOCIETY. METHODIST ALSO DEMONSTRATES ITS COMMITMENT TO THE HEALTH OF ITS SURROUNDING COMMUNITIES THROUGH A WIDE ARRAY OF COMMUNITY OUTREACH PROGRAMS INCLUDING: VARIOUS SCREENING PROGRAMS, SUPPORT GROUPS, FREE HEALTH FAIRS, AND EDUCATION SEMINARS. IN RESPONSE TO THE COVID-19 PANDEMIC, METHODIST ESTABLISHED DRIVE-THRU COVID TESTING AND AS COVID-19 VACCINATIONS BECAME AVAILABLE, MASS VACCINATION CLINICS WERE ESTABLISHED IN ORDER TO MEET THE NEEDS OF THE COMMUNITY DURING THIS UNPRECEDENTED EVENT.

PART III, LINE 2:

A SIGNIFICANT PORTION OF UNINSURED PATIENTS ARE UNABLE OR UNWILLING TO PAY FOR SERVICES RENDERED BY THE HOSPITAL. FOR THOSE PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, BASED ON HISTORICAL EXPERIENCE, A PROVISION FOR BAD DEBTS IS RECORDED RELATED TO THESE PARTICULAR PATIENTS.

PART III, LINE 3:

FOR UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE DUE TO INCOMPLETE APPLICATIONS, A PROVISION FOR BAD DEBT IS RECORDED BASED UPON HISTORICAL EXPERIENCE.

PART III, LINE 4:

GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE

Part VI Supplemental Information *(Continuation)*

HOSPITAL ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARGES. THE HOSPITAL ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, CHANGES IN ITS ESTIMATES OF IMPLICIT PRICE CONCESSIONS, DISCOUNTS, AND CONTRACTUAL ADJUSTMENTS FOR PERFORMANCE OBLIGATIONS SATISFIED IN PRIOR YEARS WERE NOT SIGNIFICANT. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE.

CONSISTENT WITH THE HOSPITAL'S MISSION, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THEREFORE, THE HOSPITAL HAS DETERMINED IT HAS PROVIDED IMPLICIT PRICE CONCESSIONS TO UNINSURED PATIENTS AND PATIENTS WITH OTHER UNINSURED BALANCES (FOR EXAMPLE, COPAYS AND DEDUCTIBLES). THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS THE HOSPITAL EXPECTS TO COLLECT BASED ON ITS COLLECTION HISTORY WITH THOSE PATIENTS.

PATIENTS WHO MEET THE HOSPITAL'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. SUCH AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.

PART III, LINE 8:

Part VI **Supplemental Information** *(Continuation)*

THE HOSPITAL DOES NOT REPORT ANY SHORTFALL WITH MEDICARE AS A COMMUNITY BENEFIT.

PART III, LINE 9B:

LIABILITIES FOR NON-COVERED SERVICES, INSURANCE RESIDUALS AND PURE SELF PAY LIABILITIES ARE DUE WITHIN 30 DAYS OF DISCHARGE. ATTEMPTS ARE MADE TO COLLECT DEDUCTIBLES PRE-SERVICE AND DEPOSITS OR PAYMENT IN-FULL PRE-SERVICE FOR SELF-PAY PATIENTS. IF A PATIENT CANNOT PAY THE ENTIRE BALANCE WITHIN 30 DAYS, PAYMENT PLANS ARE AVAILABLE. IF THE PATIENT CANNOT PAY AT ALL, THE HOSPITAL OFFERS NEED-BASED FINANCIAL ASSISTANCE BASED ON HOUSEHOLD INCOME AS A PERCENT OF THE FPL. PATIENTS WHO HAVE THE ABILITY TO PAY, YET DEFAULT ON PAYMENT PLANS ARE SENT TO COLLECTIONS (BAD DEBT). ACCOUNTS EVALUATED FOR BAD DEBT ARE PERIODICALLY RE-SCREENED FOR PRESUMPTIVE CHARITY QUALIFICATION AND IF QUALIFIED, ARE REMOVED FROM THE COLLECTION PROCESS. MEDICARE RESIDUALS ARE INVOICED TO THE PATIENT AND SENT THROUGH A BAD DEBT COLLECTION CYCLE. IF COLLECTION ATTEMPTS ARE UNSUCCESSFUL, THE MEDICARE ACCOUNT IS REMOVED FROM COLLECTIONS AND IS REPORTED AS MEDICARE BAD DEBT.

PART VI, LINE 2:

METHODIST HOSPITALS, INC. ASSESSES THE SERVICES NEEDED BASED UPON A REVIEW OF DEMOGRAPHIC AND CLINICAL FACTORS. BASED UPON THE DATA, THE HEALTHCARE NEEDS ARE THEN COMPARED TO THE SERVICES CURRENTLY PROVIDED OR AVAILABLE IN THE IMMEDIATE AREA AND SURROUNDING COMMUNITIES. METHODIST HOSPITAL PERFORMED AN ASSESSMENT TO DETERMINE THE HEALTH STATUS, BEHAVIORS, AND NEEDS FOR RESIDENTS IN THE HOSPITAL'S SERVICE AREAS.

PART VI, LINE 3:

Part VI **Supplemental Information** *(Continuation)*

METHODIST PROVIDES PATIENTS WITH A PAYMENT OPTIONS BROCHURE AND "FINANCIALLY CLEARS" PATIENTS PRIOR TO SERVICE DELIVERY. FINANCIAL CLEARANCE INVOLVES ESTIMATING THE PATIENT LIABILITY, EDUCATING THE PATIENT ABOUT INSURANCE BENEFITS AND OUT-OF-POCKET EXPENSES AND AGREEING TO A PLAN WITH THE PATIENT FOR HOW THAT LIABILITY WILL BE COVERED. SELF PAY PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FEDERAL, STATE AND LOCAL PAYMENT SOURCES. IN ADDITION, METHODIST PUBLICIZES ON ITS WEBSITE INFORMATION ABOUT THE VARIOUS FINANCIAL ASSISTANCE PLANS THAT A PATIENT MAY BE ELIGIBLE FOR ALONG WITH THE NECESSARY APPLICATIONS.

PART VI, LINE 4:

METHODIST HOSPITALS SERVES NORTHWEST INDIANA WITH THE PRIMARY GEOGRAPHIC AREA BEING SERVED AS LAKE COUNTY, INDIANA. PORTER COUNTY, INDIANA COMPRISES MOST OF THE SECONDARY SERVICE AREA. THE DEMOGRAPHIC AREA OF THE REGION IS VERY DIVERSE, RANGING FROM THE VERY AFFLUENT TO A SIGNIFICANT INDIGENT POPULATION.

PART VI, LINE 5:

METHODIST HOSPITALS HOSTED VIRTUAL EDUCATIONAL, PHYSICIAN-LED SEMINARS, A COMMUNITY HEALTH FAIR WITH SCREENINGS, FARMERS MARKET, AND SUPPORT GROUPS FOR OUR COMMUNITY SERVICE AREA. THE MAJORITY OF THE GOVERNING BODY MEMBERS LIVE AND/OR WORK WITHIN METHODIST HOSPITALS' SERVICE AREAS.

PART VI, LINE 6:

N/A

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

2021

Open to Public Inspection

Name of the organization
THE METHODIST HOSPITALS, INC.

Employer identification number
35-0868133

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
AMERICAN HEART ASSOCIATION 405 BOARDWALK HEBRON, IN 46341	13-5613797	501(C)(3)	25,000.	0.			HEART DISEASE AWARENESS/PREVENTION PROGRAMS
GARY LITERACY COALITION 650 GRANT ST - SUITE 5 GARY, IN 46402	20-1323689	501(C)(3)	9,355.	0.			SUPPORT LOCAL LITERACY PROGRAMS

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

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

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

Schedule I (Form 990) 2021

132101 10-26-21

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION DOES NOT MONITOR HOW THE GRANTS ARE USED BY THE ORGANIZATION RECEIVING THE FUNDS.

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

2021

Open to Public Inspection

Name of the organization

THE METHODIST HOSPITALS, INC.

Employer identification number

35-0868133

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (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	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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		X
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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDRE K. ARTIS	(i)	885,942.	18,450.	0.	0.	18,778.	923,170.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIHAS M. KODENCHERY	(i)	847,870.	19,750.	0.	169.	22,932.	890,721.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HARISH A. SHAH	(i)	816,837.	19,780.	0.	0.	18,778.	855,395.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW DOYLE	(i)	549,203.	139,114.	0.	46,081.	18,861.	753,259.	0.
PRESIDENT, CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VINEET P. SHAH	(i)	698,781.	0.	0.	8,550.	23,218.	730,549.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THACH N. NGUYEN	(i)	656,329.	17,520.	0.	0.	10,148.	683,997.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VINCENT L. SEVIER, MD	(i)	381,823.	84,996.	0.	20,423.	22,763.	510,005.	0.
SENIOR VP, CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARLA HOYER-LAREAU	(i)	309,937.	68,574.	0.	23,059.	15,976.	417,546.	0.
SENIOR VP, CHIEF NURSING AND OPERATI	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WRIGHT ALCORN	(i)	280,239.	61,701.	0.	1,805.	15,913.	359,658.	0.
VICE PRESIDENT, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RAYMOND GRADY	(i)	0.	0.	328,838.	0.	0.	328,838.	167,810.
FORMER CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KURT MEYER	(i)	227,374.	0.	0.	0.	16,745.	244,119.	0.
VICE PRESIDENT, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINES 4A-B:

LINE 4A: RAYMOND GRADY RECEIVED A SEVERANCE PAYMENT OF $161,028 IN THE CALENDAR YEAR 2021.

LINE 4B: THE PURPOSE OF THE PLAN IS TO PROVIDE DEFERRED COMPENSATION PRIMARILY FOR THE PARTICIPANT. THE 457(F) PLAN IS AVAILABLE TO A SELECT GROUP OF MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES. MATTHEW DOYLE, VINCENT SEVIER, AND MARLA HOYER-LAREAU PARTICIPATE IN THE 457(F) PLAN. THEY DID NOT RECEIVE ANY DISTRIBUTIONS FROM THE PLAN IN 2021 NOR DID THEY HAVE ANY AMOUNTS VEST IN THE PLAN IN 2021. FORMER CEO RAYMOND GRADY RECEIVED A DISTRIBUTION FROM THE PLAN IN 2021 IN THE AMOUNT OF $167,810.

PART I, LINE 7:

AS INDICATED IN SCHEDULE J, PART II, OFFICERS AND OTHER KEY EMPLOYEES RECEIVED A BONUS BASED ON PERFORMANCE AND THE FINANCIAL RESULTS OF THE ORGANIZATION. THIS BONUS WAS APPROVED BY THE EXECUTIVE STAFF FOR DIRECTOR-LEVEL BONUSES AND BY THE BOARD FOR EXECUTIVE STAFF-LEVEL BONUSES.

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
2021
Open to Public Inspection

Name of the organization
THE METHODIST HOSPITALS, INC.

Employer identification number
35-0868133

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

	(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	INDIANA FINANCE AUTHORITY	35-1602316	45471AMK5	08/27/14	52517507.	REFUND PRIOR ISSUE DATED 8/15/		X	X			X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,570,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	52,517,507.			
4	Gross proceeds in reserve funds	4,682,077.			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	425,250.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005			

		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)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2021

132121 10-08-21

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?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?		X						
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 ▶	.00 %		%		%		%	
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 ▶	.00 %		%		%		%	
6 Total of lines 4 and 5	.00 %		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
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?		X						

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?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	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?		X						

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

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: INDIANA FINANCE AUTHORITY
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE DATED 8/15/2001

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE METHODIST HOSPITALS, INC.

Employer identification number

35-0868133

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GENERAL ACUTE CARE HOSPITALS IN NORTHWEST INDIANA. AS GENERAL ACUTE CARE FACILITIES, METHODIST PROVIDES A BROAD RANGE OF DIAGNOSTIC, THERAPEUTIC, EMERGENCY, REHABILITATION, INPATIENT, OUTPATIENT, AND ANCILLARY SERVICES. METHODIST'S MISSION IS TO PROVIDE HIGH QUALITY HEALTHCARE TO ALL PERSONS REGARDLESS OF THEIR RACE, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. METHODIST STRIVES TO PROVIDE APPROPRIATE HEALTH EDUCATION, WELLNESS, AND PREVENTATIVE SERVICES. IN ADDITION, METHODIST IS COMMITTED TO BEING A RESPONSIBLE MEMBER OF THE COMMUNITY, OFFERING ITS RESOURCES TO ASSIST IN THE ACCOMPLISHMENT OF COMMUNITY OBJECTIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ILLNESSES.

METHODIST HOSPITALS HAS TWO FULL SERVICE ACUTE CARE CAMPUSES, 14 MILES APART. NORTHLAKE IS THE URBAN CAMPUS IN GARY, WHILE SOUTHLAKE CAMPUS IN MERRILLVILLE IS LOCATED NEAR ONE OF THE MIDWEST'S BUSIEST RETAIL AREAS. COMBINED CAMPUS BED CAPACITY IS 562 INCLUDING NURSERIES. METHODIST PROVIDES A BROAD RANGE OF DIAGNOSTIC, THERAPEUTIC, EMERGENCY, REHABILITATION, INPATIENT, OUTPATIENT AND ANCILLARY SERVICES.

MIDLAKE CAMPUS IS AN OUTPATIENT FACILITY IN GARY CONVENIENTLY LOCATED BETWEEN NORTHLAKE AND SOUTHLAKE CAMPUSES, PARALLEL TO INTERSTATE 80/94. THE REHAB CENTERS, PROVIDING OUTPATIENT REHABILITATION SERVICES AT MIDLAKE, OPENED IN 2003. LOCATED ADJACENT TO THE MAIN ENTRANCE OF THE

Name of the organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

SOUTHLAKE CAMPUS IN MERRILLVILLE, IS THE DIAGNOSTIC OUTPATIENT CENTER AND MEDICAL OFFICE BUILDING. THIS FACILITY PROVIDES ADVANCED DIAGNOSTIC, IMAGING SERVICES, AND LABORATORY SERVICES AS WELL AS PROFESSIONAL OFFICES FOR MANY OF THE MEDICAL STAFF.

THE MEDICAL STAFF OF MORE THAN 400 PHYSICIANS REPRESENTS NEARLY 40 MEDICAL SPECIALTIES. METHODIST HOSPITALS IS ONE OF THE TOP EMPLOYERS IN NORTHWEST INDIANA WITH OVER 2,000 EMPLOYEES.

MISSION

THE MISSION IS TO PROVIDE COMPASSIONATE, QUALITY HEALTH CARE SERVICES TO ALL THOSE IN NEED.

VISION

THE VISION IS TO BE THE BEST PLACE FOR EMPLOYEES TO WORK, THE BEST PLACE FOR PATIENTS TO RECEIVE CARE AND THE BEST PLACE FOR PHYSICIANS TO PRACTICE MEDICINE. "

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CONTROLLER AND CFO OF THE ORGANIZATION AND THEN SENT TO MEMBERS OF THE GOVERNING BODY FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD PASSED A RESOLUTION IN 1994 WHICH REQUIRES EACH BOARD MEMBER TO ANNUALLY DISCLOSE ALL SITUATIONS WHERE A POTENTIAL CONFLICT OF INTEREST MAY EXIST. THE CONFLICT OF INTEREST/RELATED PARTY QUESTIONNAIRES ARE COMPLETED AND REVIEWED ON AN ANNUAL BASIS. ANY POTENTIALLY CONFLICTED DIRECTORS ARE PROHIBITED FROM PARTICIPATING IN THE DISCUSSION ABOUT OR VOTING ON ANY

Name of the organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

CONFLICTED ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

THE HR AND GOVERNANCE COMMITTEE USES INDEPENDENT AND EXTERNAL RESOURCES FOR THE ESTABLISHMENT OF COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES. THE COMMITTEE USES COMPARABILITY DATA AND MARKET COMPARISONS INCLUDING COMPENSATION SURVEYS AND FORM 990 INFORMATION FROM OTHER ORGANIZATIONS AS PART OF THE COMPENSATION DETERMINATION PROCESS. THE COMPENSATION APPROACH, PROCESS, AND DATA ARE THOROUGHLY DISCUSSED IN THE COMMITTEE MEETINGS AND THE REVIEW AND APPROVALS ARE DOCUMENTED THROUGHOUT THE PROCESS. THE MOST RECENT YEAR THIS PROCESS WAS UNDERTAKEN WAS 2021.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

BILLING:

PROGRAM SERVICE EXPENSES	61,696.
MANAGEMENT AND GENERAL EXPENSES	73,618.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	135,314.

COLLECTION FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	613,384.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	613,384.

Name of the organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

CONSULTING:	
PROGRAM SERVICE EXPENSES	729,092.
MANAGEMENT AND GENERAL EXPENSES	83,492.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	812,584.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	17,838,035.
MANAGEMENT AND GENERAL EXPENSES	290,545.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,128,580.
MARKETING:	
PROGRAM SERVICE EXPENSES	147,396.
MANAGEMENT AND GENERAL EXPENSES	24,225.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	171,621.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	12,729,515.
MANAGEMENT AND GENERAL EXPENSES	52,881.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,782,396.
PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	27,501,577.
MANAGEMENT AND GENERAL EXPENSES	7,135,144.
FUNDRAISING EXPENSES	0.

Name of the organization: THE METHODIST HOSPITALS, INC.

Employer identification number: 35-0868133

TOTAL EXPENSES	34,636,721.
REFERENCE LABORATORY SERVICES:	
PROGRAM SERVICE EXPENSES	3,048,360.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,048,360.
TRANSCRIPTION SERVICES:	
PROGRAM SERVICE EXPENSES	113,703.
MANAGEMENT AND GENERAL EXPENSES	18,601.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	132,304.
TRANSPORTATION SERVICES:	
PROGRAM SERVICE EXPENSES	654,125.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	654,125.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	71,115,389.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION RELATED CHANGES OTHER THAN NET PERIODIC COST	8,002,309.

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

2021

Open to Public Inspection

Name of the organization

THE METHODIST HOSPITALS, INC.

Employer identification number

35-0868133

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
METHODIST ANESTHESIA LLC - 20-1954536 600 GRANT ST GARY, IN 46402	ANESTHESIA SERVICES	INDIANA	0.	0.	THE METHODIST HOSPITALS, INC
METHODIST CARDIOGRAPHICS LLC - 20-1349870 600 GRANT ST GARY, IN 46402	READING CARDIOGRAMS	INDIANA	547,832.	71,866.	THE METHODIST HOSPITALS, INC
METHODIST AUXILIARY - 35-0816733 600 GRANT ST GARY, IN 46402	SUPPORTING ORGANIZATION	INDIANA	2.	45,105.	THE METHODIST HOSPITALS, INC
ADVANCED IMAGING CENTER, LLC - 35-1988368 7860 BURR ST SCHERERVILLE, IN 46375	IMAGING SERVICES	INDIANA	1,219,885.	1,377,441.	THE METHODIST HOSPITALS, INC

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	(g) No
THE METHODIST HOSPITALS FOUNDATION - 27-1495289, 600 GRANT STREET, GARY, IN 46402	SUPPORTING ORGANIZATION	INDIANA	501(C)(3)	LINE 12A, I	THE METHODIST HOSPITALS, INC.	X	

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

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

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		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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)	THE METHODIST HOSPITALS FOUNDATION, INC.	C	403,410.	CASH
(2)	THE METHODIST HOSPITALS FOUNDATION, INC.	Q	73,670.	ACTUAL COST
(3)				
(4)				
(5)				
(6)				

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 sec. 501(c)(3) orgs.? 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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CARRYOVER DATA TO 2022

Name	Employer Identification Number
THE METHODIST HOSPITALS, INC.	35-0868133

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL PRE-2018 NET OPERATING LOSS	1,714,292.

119341
04-01-21

Name: THE METHODIST HOSPITALS, INC. FEIN: 35-0868133

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____
A	2001	513,251.										
B	2002	169,637.										
C	2006	1,010,214.										
D	2007	13,320.										
E	2014	7,870.										
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____
A													
B													
C													
D													
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