See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Middle Tennessee Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
400 North Highland Avenue

City or town, state or country, and ZIP + 4
Murfreesboro, TN 37130

D Employer identification number
62-0475842

E Telephone number
(615) 396-4100

G Gross receipts $ 191,333,193

F Name and address of Principal Officer
Gordon B Ferguson
400 North Highland Avenue
Murfreesboro, TN 37130

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

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

H(c) Group Exemption Number ▶ 0928

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

J Web site: ▶ www mtmc org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1927

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SPIRITUALLY CENTERED CARE, WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS & COMMUNITIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	1,348
6	Total number of volunteers (estimate if necessary)	6	121
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,875,970
b	Net unrelated business taxable income from Form 990-T, line 34	7b	416,139

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	156,747	2,031,152
9	Program service revenue (Part VIII, line 2g)	174,633,896	185,676,652
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,080,563	354,945
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,517,273	1,834,206
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178,388,479	189,896,955
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,646	43,667
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,598,302	62,268,268
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	100,568,004	114,079,581
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	165,204,952	176,391,516
19	Revenue less expenses Subtract line 18 from line 12	13,183,527	13,505,439

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	219,100,872	231,445,013
21	Total liabilities (Part X, line 26)	85,176,298	88,367,238
22	Net assets or fund balances Subtract line 21 from line 20	133,924,574	143,077,775

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

Please Sign Here

Signature of officer — Date: 2010-05-17

alan strauss CFO-ST THOMAS HEALTH SERVICES
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ deloitte tax llp
250 east fifth street suite 1900
cincinnati, OH 45202

EIN ▶

Phone no ▶ (513) 784-7100

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 142,021,299 including grants of $ 43,667) (Revenue $ 183,800,682)

Middle Tennessee Medical Center is a 286-bed private, not-for-profit acute care hospital located in Murfreesboro, Tennessee MTMC provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2009, approximately 37% of the value of services rendered were to elderly patients under the Medicare program, and approximately 18% of the services were provided to patients who were deemed indigent under state, county, or MTMC Guidelines Also, MTMC provided the following benefits to the community Charity care (at cost) in the amount of $5,079,574, Government sponsored health care (net expense) $3,235,722, and Community Benefit Programs (net expenses) $136,111 See Schedule O for complete Community Benefit Report

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 142,021,299 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	111		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,348		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
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			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Martha Tolbert VP Finance
400 North Highland Avenue
Murfreesboro, TN 371300000
(615) 396-4100

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								2,541,721	0	135,210

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 31

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MTMC for Lung Disease 1041 Highland Avenue Murfreesboro, TN 37130	Medical Services	950,104
Corporate Development 49 Calhoun Street Suite C Charleston, SC 294013536	Consulting Services	299,508
NVMS 107 Angle Pointe Hendersonville, TN 37075	Medical Services	168,099
Richard Michaelson Box 366 Murfreesboro, TN 37130	Pathologist	134,776
Neonatology Care PC 2300 Patterson Street Nashville, TN 37203	Neonatologists	120,000

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 1,941,337				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 89,815				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	2,031,152			
Program Service Revenue		Business Code				
	2a	patient service rev 621,400	184,835,237	183,190,217	1,645,020	
	b	Investment - JV's 621,400	610,465	610,465		
	c	Reference Lab 621,500	230,950		230,950	
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 185,676,652				
	3	Investment income (including dividends, interest other similar amounts) ▶	376,935			376,935
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 1,047,825				
	b	Less rental expenses 1,237,759				
	c	Rental income or (loss) -189,934				
	d	Net rental income or (loss) ▶	-189,934			-189,934
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 1,000				
	b	Less cost or other basis and sales expenses 22,990				
	c	Gain or (loss) -21,990				
	d	Net gain or (loss) ▶	-21,990			-21,990
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a 196,263				
	b	Less cost of goods sold b 175,489				
	c	Net income or (loss) from sales of inventory ▶	20,774			20,774
		Miscellaneous Revenue / Business Code				
	11a	Vending Machine 624,200	961,283			961,283
	b	Pharmacy Sales 621,500	9,957			9,957
	c					
	d	All other revenue	1,032,126			1,032,126
	e	**Total. Add lines 11a-11d** ▶ $ 2,003,366				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	189,896,955	183,800,682	1,875,970	2,189,151

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	43,667	43,667		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,079,288		1,079,288	
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	49,954,588	45,176,580		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,811,635	1,630,000	181,635	
9 Other employee benefits	5,799,300	5,219,370	579,930	
10 Payroll taxes	3,623,457	3,261,112	362,345	
11 Fees for services (non-employees)				
a Management	26,780,316		26,780,316	
b Legal	88,658		88,658	
c Accounting	4,860		4,860	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	12,953,113	12,953,113		
12 Advertising and promotion	337,990	337,990		
13 Office expenses	384,678	384,678		
14 Information technology				
15 Royalties				
16 Occupancy	3,200,817	3,200,817		
17 Travel				
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	96,599	96,599		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,660,311	13,660,311		
23 Insurance	712,578	712,578		
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies	26,228,132	26,228,132	0	0
b Bad Debt Expense	18,055,268	18,055,268	0	0
c Other Professional Fees	5,151,779	4,636,602	515,177	0
d Eqp Rental & Maint	3,606,801	3,606,801	0	0
e Consulting Fees	1,061,476	1,061,476	0	0
f All other expenses	1,756,205	1,756,205		
25 **Total functional expenses.** Add lines 1 through 24f	176,391,516	142,021,299	34,370,217	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		24,876,713	1	25,313,653
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,657,567	4	22,229,262
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		774,343	7	613,855
	8	Inventories for sale or use		2,876,700	8	2,648,431
	9	Prepaid expenses and deferred charges			9	909,942
	10a	Land, buildings, and equipment cost basis	10a 169,173,593			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 109,550,188	68,535,581	10c	59,623,405
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		2,395,122	13	2,104,626
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		92,984,846	15	118,001,839
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		219,100,872	16	231,445,013
Liabilities	17	Accounts payable and accrued expenses		9,906,296	17	11,292,591
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		75,270,002	25	77,074,647
	26	**Total liabilities.** *Add lines 17 through 25*		85,176,298	26	88,367,238
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		130,818,467	27	139,972,782
	28	Temporarily restricted net assets		3,106,107	28	3,104,993
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		133,924,574	33	143,077,775
	34	Total liabilities and net assets/fund balances		219,100,872	34	231,445,013

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

SCHEDULE C
(Form 990 or 990-EZ)
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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- 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," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Middle Tennessee Medical Center Inc	62-0475842

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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 **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
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 (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		20,469
j	Total lines 1c through 1i			20,469
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	5,518,024	5,735,135		11,253,159
b Buildings		47,985,310	23,309,581	24,675,729
c Leasehold improvements		35,677,954	24,161,417	11,516,537
d Equipment		74,170,617	62,030,348	12,140,269
e Other		86,553	48,842	37,711
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				59,623,405

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Due From Related Entities	11,698,300
Asstes Limited to Use	3,104,993
Other Assets	1,506,229
Physician Receivables	383,991
Other Receivables	261,067
CONSTRUCTION IN PROGRESS	101,047,259
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	118,001,839

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Current Self Insurance Liability	1,251,627
Est 3rd Party Payor Settlement	1,619,997
Due From Affiliates	1,186,268
Other Liabilities	880,412
Other Non Current Liabilities	948,608
Intercompany Debt with Ascension Health	64,685,653
Accrued Pension	3,479,090
Pension Plan Liability	3,022,992
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	77,074,647

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	189,896,955
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	176,391,516
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,505,439
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,352,238
9	Total adjustments (net) Add lines 4 - 8	9	-4,352,238
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,153,201

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Deferred Pension Costs -5045279 Pension Costs - Other - 367745 Temporary Restricted - Adjustments -1114 Deferred Pension Cost Prior Year 1061900

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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 Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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 *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Middle Tennessee Medical Center 400 North Highland Avenue Murfreesboro, TN 37130	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Varsity Medics102 Wargo Court Murfreesboro,TN 37128	41-4337648		10,750				EMT Services
Rutherford County Habitat for Humanity850 Mercury Boulevard Murfreesboro,TN 37133	94-3099406	501(c)(3)	18,500				Duplex Habitat House

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Before a grant is issued a grant request is submitted and approved by the MIddle Tennessee Medical Center Development Foundation board (a controlled entity that distributes the funds) Upon approval the funds are then distributed

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Gordon B Ferguson	(i) (ii)	257,473	49,260	78,537	4,600	17,991	407,861	
William A Brown	(i) (ii)	194,582	27,376	53,882	4,600	13,651	294,091	
Martha Rowland Tolbert	(i) (ii)	148,493	19,279	26,099	3,676	6,863	204,410	
Michael Bratton	(i) (ii)	144,325	20,208	23,179	3,648	11,700	203,060	
Ryan S Simpson	(i) (ii)	127,211	16,568	10,181	3,169	15,261	172,390	
Muhammad Akmal	(i) (ii)	370,522		94		7,201	377,817	
Shelia Pertiller	(i) (ii)	240,215		13,744		6,318	260,277	
Sally H Bullock	(i) (ii)	230,487		19,412	4,423	5,425	259,747	
Nicholas James Dieringer	(i) (ii)	196,929		36,890	4,231	15,069	253,119	
Dennis C Puckett	(i) (ii)	200,432		36,343		7,384	244,159	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Club dues were paid on behalf of an officer The amount paid was treated as taxable compensation to the listed individual

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Middle Tennessee medical center, inc has a single corporate member, Saint Thomas Health Services

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Middle tennessee medical center, inc has a single corporate member, saint thomas health services, w ho has the ability to elect members to the governing body of the middle tennessee medical ceter, inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to Middle Tennessee Medical Center, Inc financial information or corporation as a w hole are subject to approval by its sole corporate member, Saint Thomas Health Services Ascension Health, the sole corporation member of Saint Thomas Health Services, has designed a system authority matrix w hich assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures These areas are subject to certain levels of approval by Ascension per the system authority matrix

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management, including certain Officers, w orks diligently to complete the Form 990 and attached schedules in a thorough manner Management presents the Form to the Board, or a designated committee, to review and answ er any questions Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answ er any Board Members questions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance w ith the conflict of interest policy in that any director, principal officer, or member of a committee w ith governing board delegated pow ers, w ho has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees w ith governing board delegated pow ers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee meeting w ill decide if conflicts of interest exist

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee review ed and approved the compensation In the review of the compensation, the CEO w as compared to other hospitals in the area that hold the same title During the review and approval of the compensation, documentation of the decision w as recorded in the board minutes Individual w as not present w hen his compensation w as decided In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee review ed and approved the compensation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization w ill provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b		The financial statements of Saint Thomas Health Services, w hich include the activity of Middle Tennessee Medical Center, are subject to a specific scope audit

Identifier	Return Reference	Explanation
Part III, line 4a	Community Benefit Report	This report illustrates the significant degree to w hich Middle Tennessee Medical Center (MTMC) contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, MTMC continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a w hole The goal of MTMC is to perpetuate the healing mission of the church MTMC furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health aw areness programs for the community, and medical research Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community w ithout regard to the patient's race, creed, national origin, economic status, or ability to pay In order to portray the full breadth of our contribution, our community benefit information is described below Organizational Commitment to Providing Community Benefit Middle Tennessee Medical Center is a 286-bed private, not-for-profit acute care hospital located in Murfreesboro, Tennessee MTMC is part of Saint Thomas Health Services, the Nashville Health Ministry of Ascension Health, w hich consists of four hospitals in Middle Tennessee Baptist and Saint Thomas Hospitals in Nashville, Middle Tennessee Medical Center in Murfreesboro, and Hickman Community Hospital in Centerville The hospital serves the city of Murfreesboro, Rutherford County, and the surrounding counties of Bedford, Cannon, Coffee, and Warren MTMC seeks to improve the physical, mental, social and spiritual health status of the communities served Middle Tennessee Medical Center develops a Care of the Poor and Community Benefit Plan to focus our charitable community activities on the needs of the people w e serve We seek through action to touch the lives of individuals in our community in a w ay that is faithful to our healing mission and directly impacts community needs We assess our community's needs to identify priorities for the health ministry's service and guide our community outreach initiatives Our community needs assessment is a collaborative process w ith the Wellness Council of Rutherford County, the United Way of Rutherford County, and Middle Tennessee State University Finally, w e commit the provision of resources to address the priority needs, including financial and human resources Major Trends, Needs, and Problems in the Community The service area and communities served by Middle Tennessee Medical Center reach out nearly fifty miles from Murfreesboro across Middle Tennessee, 5 counties all together The population of this area is approximately 397,000 w ith an expected grow th rate of 12% over the next five years Over half (61%) of this population resides w ithin Rutherford County w here 69% of residents are less than 45 years old - clearly representing a community of families w ith young children How ever, the population is aging w ith the age 45 and over cohort grow ing at 29% (versus 10% for younger age groups) In addition, the Census 2000 numbers paint a picture of an increasingly diverse community for Rutherford County * Rutherford County grew by 53 5% betw een 1990 and 2000, boosted by increases in all minority populations * Non-Hispanic w hites account for more than 84 5% of Rutherford County residents African-Americans account for 10% Asian persons make up 1 9%, w ith an increase of 200% from 1990 Hispanics account for 3%, an increase of over 500% (969 total population to 5,324) * Over 17,000 persons, or 9% of the population of Rutherford County, live in households w here the income level is below the federal poverty level The rate is nearly the same for the youngest and oldest residents - 8 9% for children under 18 years of age and 9 4% for those aged 65 and older Within the other 4 counties served by MTMC (many of w hich represent rural communities), almost 18,000 persons, or an average of 15% of these counties' population live in households w here the income level is below the federal poverty level This is a total of 25,000 person or 8% of the total aggregate population of our service area Rutherford County (and the city of Murfreesboro in particular) is one of the fastest grow ing counties in the United States A rural atmosphere, a state university, industry, and reputable schools make this an attractive location for families w ith young children Approximately 25% of the county's population is under the age of 18, just over 8% are age 65 and older When comparing needs and available services, the greatest shortfalls are in the areas of poverty, housing assistance, childcare, family dysfunction, mental illness, and substance abuse Furthermore, the follow ing areas are noted as health challenges lack of health insurance, high rate of no flu vaccinations, overw eight/obesity, and poor air quality There are noted challenges and hardships facing the grow ing Hispanic/Latino population of Rutherford and surrounding counties Due to the rural and agricultural environment, many Hispanic/Latino persons are illegal immigrants This status and associated concerns make the access and affordability of health care extremely difficult An increased sense of vulnerability and risk accompanies persons seeking healthcare In addition, there is a great demand for interpretative services Overall, the Hispanic/Latino population feels isolated, underserved, and medically challenged In general, the health of Tennessee's population is poor w hen compared to other states evaluating overall health risk factors (such as high blood pressure, w eight, physical activity, diet/nutrition, smoking, seat belt use, and alcohol consumption), w hich could help explain w hy Tennessee's cardiovascular disease death rate is the second highest in the nation (Tennessee Health Status Report, 2000) The Community Wellness Council of Rutherford County has identified these top priorities for as part of the state's commitment to Healthy People 2010 cardiovascular disease, teen substance abuse, access to basic services (public transportation, healthcare, and affordable housing) for the low -income, elderly, indigent, and uninsured, teen pregnancy, inadequate resources for indigent/uninsured prenatal visits (especially Hispanic/Latino population), high rate of smoking among pregnant w omen and w omen of childbearing age, lack of coordination/duplication of services for children, youth, and families, and sexually transmitted diseases Strategies to Address Identified Needs 1 Access - Improve access to care for the poor and medically indigent by developing and supporting a safety net of services, including those for a grow ing Hispanic community Focus Inpatient and Outpatient Services Provide inpatient and outpatient services to those patients unable to pay MTMC provides services, both inpatient and outpatient, to those patients w ho are unable to pay Hospital departments donate services to patients and their families in need to facilitate care delivery at the hospital after discharge Examples include free lodging at local hotels, meals for family members, cab fares, and prescription drugs MTMC also provides free services to the uninsured and underinsured under the care of the Primary Care & Hope Clinic of Murfreesboro (such as X-rays, general surgery, and volunteer hours by medical staff) Major Initiatives * Traditional charity care * Donated services by hospital departments * Services to the Primary Care & Hope Clinic of Rutherford County averaging $26,000 monthly in donated services Focus Hispanic/Latino Immigrant Population Continue efforts to address access to care and prevention education The Hispanic/Latino population continues to grow along w ith the rest of the population in Rutherford County and surrounding service areas With this grow th come continued needs for access to healthcare and health education for prevention and self-care Key needs identified w ithin the Hispanic/Latino population are prenatal and postpartum education and skill development Major Initiatives * Healthy Beginnings Prenatal education program w ith $30,000 annual funds provided by MTMC * Latino Job Skills Program Focus Safety Net for the Uninsured and Underinsured Expand our commitment to care for the uninsured and underinsured

Identifier	Return Reference	Explanation
Part III, line 4a	community Benefit Report Continuation	Middle Tennessee Medical Center is a member of the Wellness Council of Rutherford County, which is a consortium of private and county agencies who seek to serve through collaborative efforts the pressing health issues facing the larger community and particularly the most vulnerable and needy - the uninsured, underinsured, elderly, and children Major Initiatives * Dispensary of Hope Licensed indigent pharmacy that provides free medication for acute and long-term needs, funded by MTMC ($221,717 annually) * Saint Rose of Lima Catholic School scholarships for medically needy poor or poor Hispanic immigrants ($23,000 annually) * Primary Care and Hope Clinic MTMC provides $30,000 annually to the Primary Care and Hope Clinic to help fund a nurse practitioner position dedicated to the provision of primary care to the uninsured * Sponsorship of annual elderly care conferences through the St Clair Senior Center ($500 annually) * Covering the Uninsured Week, provision of health fairs and awareness raising ($3,000 annually) * Atlas Program * Parents as Teachers Program 2 Collaborations - Increase the effectiveness of community initiatives to impact key areas of need through supportive partnership and organizational leadership Middle Tennessee Medical Center stewards 80 years of service to its communities The history of this leadership has cultivated deep roots and leadership capital We will seek partnerships with local charitable agencies whose work is targeted at identified priority needs, lending to that work greater stability, public awareness, and effective outcomes These four areas have been identified based on community needs assessments * Domestic Violence/Rape Recovery MTMC has lead in the creation of a Sexual Assault Response Team for Rutherford County, comprised of law enforcement, academic, social agencies, and other public collaborators and team members in addition to hospital clinicians * Gambling Tennessee has passed a constitutional amendment legalizing gambling and as of 2004 implemented a state lottery * Drug Dependency MTMC has just help form the Anti-Drug Coalition of Murfreesboro * Teen Pregnancy Provision of $5,000 annually to education outreach initiatives of the Crisis Pregnancy Center of Rutherford County 3 Community Health - Improve the overall health status by promoting the integration of spirituality, wellness, and healthy living Focus Wellness/Lifestyle Support health management programs aimed at improving health and well-being MTMC is committed to providing educational and wellness opportunities that contribute toward promoting all aspects of health Community health, personal health, disease management, and spirituality Our efforts continue to work with individuals and the community to look for ways to improve the health and wellness of the community and to make an impact on the negative health trends in our community Major Initiatives * PACE Center Health Education Program * Congregational Health Ministry initiative with congregations serving impoverished communities * Infant Loss Support Group * General Loss Support Group * Stress Management Program * The Saint Claire Retirement Center partnership * Parent and Child Festival * RealLife 55 programs * Bright Beginnings for Grandparents program * Homebound Childbirth Class program * Habitat for Humanity Homeowners Education Program Focus Education/Skill Development Support efforts that address educational and skill development needs that enable people to improve their lives and support a reasonable quality of life Recognizing the challenges faced by the unemployed and working poor of our community, Middle Tennessee Medical Center has developed and supports a variety of programs designed to offer participants opportunities to increase their basic skills for personal growth and better job performance, offer tuition for assistance for GED classes, and provide career services that can help move individuals from jobs with little advancement opportunity to those with higher potential for advancement These efforts include programs aimed at improving the quality of life for individuals in our community as well as our own employees In addition, MTMC supports other community educational programs Major Initiatives * Exchange Club Parenting Center * Job Skills Program * Families First Program * Career Shadowing Program * Boys and Girls Club of Rutherford County * HealthStyles program * Saint Rose of Lima School Corporate Sponsorship * Corporate Connections Academy Program * Corporate sponsor for Hollow ay High School, alternative school for at-risk teens Focus Community Development Support programs/agencies particularly those that support our clinical areas of focus Cardiac, Emergency Services, Maternal/Child, Orthopedics, Neurosciences, Vascular, Oncology, and Research MTMC also supports community development through membership in a variety of civic organizations and participation in events that benefit not-for-profit organizations serving Murfreesboro and Middle Tennessee, particularly those that share a concern for improving the health of communities In reviewing funding requests, priority has been given to those organizations that support our clinical areas of focus and development Major Initiatives * Variety of corporate sponsorships including American Cancer Society, American Heart Association, March of Dimes, American Diabetes Association, American Red Cross, Special Kids, Department of Children's Services * Support for needed community organizations such as the Primary Care & Hope Clinic of Rutherford County, the Fellowship of Christian Athletes of Rutherford County, United Way, Boy Scouts, Destination Rutherford, Chamber of Commerce, and the Better Business Bureau Focus MTMC Employee Activities Committee Employees of MTMC are encouraged to offer service to others in a way that supports individual growth, promotes community partnering, and improves the quality of life for all we serve Their volunteer efforts are central to MTMC's support and participation in many of the major initiatives mentioned in this plan They provide the stimulus for many projects and events that contribute toward accomplishing our priorities for the health ministry's service to the poor and the general wellbeing of our community Major Initiatives * Event Sponsorships such as the Foundation 5K and 2 Mile Walk, Relay for Life, March of Dimes Walk, The Heart Walk, Tour de Cure, American Red Cross Blood Drives, the West Main Shelter, Habitat for Humanity work days, Jazz Fest, Child Advocacy Center's Duck Derby, and Kids Expose 4 Advocacy - Increase awareness of local city and county governmental leaders, boards, and departments of health needs/issues and related concerns that impact healthcare delivery and community wellness and become a more public leader in shaping priorities, local policies/rules, and attitudes Middle Tennessee Medical Center has identified three crucial issues facing the communities we serve These issues are noted for their potential in addressing underlying structural impediments and representation of a truly systems approach to solving community problems related to healthcare access and delivery MTMC's membership in the Wellness Committee of Rutherford County will be a major arena for action and leadership The three significant issues to be targeted are * Access to Urgent Care * Plight of the Uninsured * Alcohol and Chemical Abuse and Dependency In addition, MTMC facilitated and hosted two luncheon dialogues with local faith community entities to discuss the top health concerns of the county, access barriers, and visioning for collaboration to create a more effective healthcare safety net One initiative that arose out of this forum was to partner with a faith community which resides in an economically challenged area to launch a congregational health ministry and community-wide health fair Expanding Awareness, Education, and Health Promotion MTMC believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life MTMC has invested significantly in unique, top quality health education and materials to accomplish its goals including the following programs * Breast Cancer Awareness & Prevention * Diabetes Awareness & Prevention * Awareness and Education on Blood Pressure plus Screening * Understanding Medicare Part D * Childbirth Preparation and Newborn Care Classes * Medical Terminology classes * 55 Alive Mature Driving Courses * Car Seat Safety Classes * Heart Healthy Cooking * Heart Health for Women * Hanging with Dad * Smoking Cessation Course * Infant Loss Support Group * Grief and Loss Support Group * Weight Loss and Weight Health Courses * You and Diabetes * Workplace Spirituality

Identifier	Return Reference	Explanation
Part III, line 4a	community Benefit Report Continuation	MTMC provides a complete listing of all classes, seminars, and event calendars on its website (www mtmc org) and offers an on-line childbirth preparation and newborn care class Furthermore, there is a provision of links to further on-line research and education of holistic, health-related topics, issues, and concerns In particular, MTMC has teamed up with Discovery Hospital, an easy-to-use web site that contains a vast library of medical information The site allows searches about a specific medical condition or use of Health Tools to check your Body Mass Index or make a risk assessment for a particular disease MTMC also provides charitable contributions to community organizations, which included support for the following programs in the last year * Special Kids - $10,000 * Domestic Violence Program Inc - $ 5,000 * United Way of Rutherford County - $10,000 * Habitat for Humanity - $40,000 * Crisis Pregnancy Center - $ 5,000 * St Clair Senior Center - $ 5,000 * Charitable Burials - $ 3,000 * Child Advocacy Center - $ 8,000 Medical Education MTMC believes that, in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education including the following * Quarterly Ethics Grand Rounds * Annual Ethics Conference * Critical Care Course * Monthly CMEs * Quarterly Skills Fair In the spirit of principles adopted by Ascension Health, MTMC has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved MTMC provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2009, approximately 37% of the value of services rendered were to elderly patients under the Medicare program, and approximately 18% of the services were provided to patients who were deemed indigent under state, county, or MTMC Guidelines As a part of our mission in the community, MTMC recognizes it is necessary to provide care to certain patients at little or no cost We recognize that some of our patients may not have health insurance or may not be able to pay unexpected medical bills As a faith-based organization, we make provisions to offer financial assistance to our patients in need and do this because we believe that every person should get the care they need, regardless of their ability to pay Uninsured patients are provided a discount from charges that ranges from 25-40% Charity care or financial assistance allowances are granted to patients who qualify for financial assistance The financial assistance standards consider gross income and family size relative to the Poverty Income Guidelines (PIG) published by the Community Services Administration Using these guidelines, full charity care is provided to patients who are 200% of the poverty index or less, a graduated discount scale is used for providing financial assistance to patients at or below 300% of the poverty index Charity care and financial assistance adjustments are available for medically necessary services but not for non-essential services, such as cosmetic services A patient will not be refused medically necessary treatment or services based on their ability to pay for those services These policies and procedures are communicated to patients and families in a variety of ways Pamphlets outlining the financial assistance program are available in the registration area for patients These are reinforced by posters that are prominently displayed throughout the registration area In addition, for all self-pay patients or patients with residual balances on their hospital bill, a Financial Counselor/Representative will initiate a patient advocacy conversation to screen patients to help identify those individuals that might qualify for federal, state, or local program assistance as well as our financial assistance program Operations and Governance - MTMC * operates an emergency room that is open to all persons regardless of ability to pay, * has an open medical staff with privileges available to all qualified physicians in the area, * has a governing body in which independent persons representative of the community comprise a majority, * engages in the training and education of health care professionals, and * participates in Medicaid, Medicare, CHAMPUS, Tricare, and/or other government-sponsored health care programs Patient Services MTMC provides the following in-patient and out-patient medical services to the community * Bariatric Services * Cancer Care * Cardiac Services * Community Education and Outreach * Diagnostic Services * Dispensary of Hope * Emergency Services * Endocrinology * Gastroenterology * General Medicine * General Surgery * Hospital-based services - including Anesthesiology, Pathology, and Radiology * Mobile Health Unit Services * Neurosciences * Orthopedic Services * Otolaryngology * Pulmonary Medicine * Rehabilitation Services * Sports Medicine * Urology * Vascular Services * Wellness Center * Women and Children's Services - including Obstetrics, Gynecology, and Neonatology * Wound Care Some of the services listed above operate at a loss in order to ensure that all services are available to meet community health care needs These include * Dispensary of Hope - a state licensed pharmacy which provides free prescription medication assistance * Mobile Health Unit Services - provision of primary care and pediatric health services to the uninsured and underinsured through a community collaboration During the fiscal year ending June 30, 2009, MTMC provided the following volumes of services Total Discharges - Acute Care 15,466 Total Patient Days - Acute Care 61,188 Births - 2,002 Newborn Patient Days 4,643 Emergency Room Visits - 63,127 Surgical Visits - Outpatient - 4,157 Other Outpatient Visits - 76,607 FINANCIAL INFORMATION The financial information presented below was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following * Report charity care at cost, not charges * Do not include bad debt, contractual allowances, and quick pay discounts as part of charity care expense * Do not count Medicare shortfall as a community benefit * Report the net expense for community benefit services, i e , the total community benefit expense minus any associated revenue from patients, payers, and other external sources The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health For fiscal year ended June 30, 2009 1) Charity care - at cost - $5,079,574 2) Government sponsored health care - net expense * Unpaid cost of public indigent care programs (includes Medicaid, SCHIP, other safety net programs, does not include Medicare shortfall) - $3,235,722 3) Community Benefit Programs - net expense - $136,111 Total - $8,451,406

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137041630

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
MTMC Hospitalist Services LLC 400 N Highland Avenue Murfreesboro, TN 37219 62-1792824	Employs hospitalists	TN			MIddle Tennessee Medical Center

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Baptist Womens Health Center LLC dba the Center for Spinal Surgery 2011 Murphy Avenue Nashville, TN37203 62-1772195	Owns and operates specialty hospital	TN	N/A								
Middle Tennessee Imaging LLC 400 N Highland Avenue Murfreesboro, TN37219 01-0570490	diagnostic imaging center	TN	Middle Tennessee Medical Center Inc	related	-28,301	532,512		No			No
Murfereesboro Diagnostic Imaging LLC 400 N Highland Avenue Murfreesboro, TN37219 20-0291952	diagnostic imaging center	TN	Middle Tennessee Medical Center Inc	related	292,292	1,382,346		No			No
Nashville Diagnostic Imaging LLC 30 Burton Hills Blvd Ste 165 Nashville, TN37215	Inactive	TN	N/A								
STHS Sleep Center LLC 618 Church Street Suite 520 Nashville, TN37219 20-3664894	operates a sleep center	TN	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
See Additional Data Table							

Part V Transactions with Related Organizations

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

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Middle Tennessee Imaging Center	A	101,196
(2)	Middle Tennessee Imaging Center	K	21,000
(3)	Murfreesboro Diagnostic Imaging Center	K	216,048
(4)	St Thomas Hospital	O	4,732,466
(5)	St Thomas Hospital	P	44,751
(6)	Middle Tennessee Medical Center Development Foundation	C	1,941,337

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
Mid-State Properties Inc 2000 Church Street Nashville, TN 37236 62-1232018	pharmacy	TN	N/A	C			
Sova Inc 102 Woodmont Blvd Suite 700 Nashville, TN 37205 26-1319638	health services	TN	N/A	C			
Vincentian Ventures Inc 4220 Harding Road Nashville, TN 37205 62-1331896	health services	TN	N/A	C			
Comp Plus Inc 2000 Church Street Nashville, TN 37236 62-1626010	healthcare	TN	N/A	C			
MANACO MANAGEMENT SERVICES INC 400 NORTH HIGHLAND AVENUE Murfreesboro, TN 37130 62-1718479	health services	TN	Middle Tennessee Medical Center	C	-100		100 000 %
ST THOMAS MEDICAL CLINIC 4220 Harding Road Nashville, TN 37205 62-1583605	health services	TN	N/A	C			
BAPTIST HEALTH CARE VENTURES INC 2000 Church Street Nashville, TN 37236 62-0469214	holding company	TN	N/A	C			
MIDDLE TENNESSEE NETWORK INC 2000 Church Street Nashville, TN 37236 62-1570989	health services	TN	N/A	C			
HEALTH NET RESERVE INC 44 VANTAGE WAY SUITE 300 Nashville, TN 37202 62-1540604	health management	TN	N/A	C			

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Middle Tennessee Imaging Center	A	101,196
(2)	Middle Tennessee Imaging Center	K	21,000
(3)	Murfreesboro Diagnostic Imaging Center	K	216,048
(4)	St Thomas Hospital	O	4,732,466
(5)	St Thomas Hospital	P	44,751
(6)	Middle Tennessee Medical Center Development Foundation	C	1,941,337

Additional Data

Software ID:
Software Version:
EIN: 62-0475842
Name: Middle Tennessee Medical Center Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gordon B Ferguson , President/CEO	40 00	X		X				385,270	0	22,591
matt murfree , chairman	1 00	X		X				0	0	0
lee moss , vice chairman	1 00	X		X				0	0	0
george white , secretary	1 00	X		X				0	0	0
emil hassan , treasurer	1 00	X		X				0	0	0
ben kimbrough , board memeber	1 00	X						0	0	0
robert dray , board memeber	1 00	X						0	0	0
sumner bouldin jr , board memeber	1 00	X						0	0	0
debbie cope , board memeber	1 00	X						0	0	0
h eugene cotey , board memeber	1 00	X						0	0	0
bill huddleston , board memeber	1 00	X						0	0	0
bill jones , board memeber	1 00	X						0	0	0
patty marschel , board memeber	1 00	X						0	0	0
mary moss , board memeber	1 00	X						0	0	0
tom provow , board memeber	1 00	X						0	0	0
davis young , board memeber	1 00	X						0	0	0
William A Brown , Chief Medical Officer	40 00				X			275,840	0	18,251
Martha Rowland Tolbert , VP Finance	40 00				X			193,871	0	10,539
Michael Bratton , Chief Nursing Officer	40 00				X			187,712	0	15,348
Ryan S Simpson , VP Operations	40 00				X			153,960	0	18,430
Muhammad Akmal , Hospitalist	40 00					X		370,616	0	7,201
Shelia Pertiller , Hospitalist	40 00					X		253,959	0	6,318
Sally H Bullock , Hospitalist	40 00					X		249,899	0	9,848
Nicholas James Dieringer , Hospitalist	40 00					X		233,819	0	19,300
Dennis C Puckett , Hospitalist	40 00					X		236,775	0	7,384

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Our Catholic Health Ministry is dedicated to spritually centered, holistic care, which sustains and improves the health of individuals and communities. In furtherance of its mission and in an effort to reduce the government's financial burden, Middle Tennessee Medical Center provides essential heath care services, such as outpatient clinics, an emergency room and ambulatory facilities that serve low-income patients, as well as community services.

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-0475842
Name: Middle Tennessee Medical Center Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Gordon B Ferguson	(I) (II)	257,473	49,260	78,537	4,600	17,991	407,861	
William A Brown	(I) (II)	194,582	27,376	53,882	4,600	13,651	294,091	
Martha Rowland Tolbert	(I) (II)	148,493	19,279	26,099	3,676	6,863	204,410	
Michael Bratton	(I) (II)	144,325	20,208	23,179	3,648	11,700	203,060	
Ryan S Simpson	(I) (II)	127,211	16,568	10,181	3,169	15,261	172,390	
Muhammad Akmal	(I) (II)	370,522		94		7,201	377,817	
Shelia Pertiller	(I) (II)	240,215		13,744		6,318	260,277	
Sally H Bullock	(I) (II)	230,487		19,412	4,423	5,425	259,747	
Nicholas James Dieringer	(I) (II)	196,929		36,890	4,231	15,069	253,119	
Dennis C Puckett	(I) (II)	200,432		36,343		7,384	244,159	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-0475842
Name: Middle Tennessee Medical Center Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Ascension Health PO box 45998 St Louis, MO 63134 31-1662309	national health system	MO	section 501(c)(3)	Schedule A, line 11a	N/A
Saint Thomas Health Services 4220 harding road Nashville, TN 37205 58-1716804	health system parent company	TN	section 501(c)(3)	schedule A, line 11c	Ascension Health
Baptist Health Care Affiliates Inc 2000 Church Street Nashville, TN 37236 58-1509251	community health promotion	TN	section 501(c)(3)	Schedule A, line 11a	Seton Corporation
Baptist Healthcare Group 2000 Church Street Nashville, TN 37236 62-1529858	healthcare provider	TN	section 501(c)(3)	Schedule A, line 3	Seton Corporation
Baptist Saint Thomas Home Care 2000 Church Street Nashville, TN 37236 51-0172298	home health care	TN	section 501(c)(3)	Schedule A, line 9	Seton Corporation
Hickman Community Health Care Services Inc 135 East Swann Centerville, TN 37033 58-1737573	hospital	TN	section 501(c)(3)	Schedule A, line 3	Baptist Health Care Affiliates Inc
Hickman Community Home Care Inc 135 East Swan St Centerville, TN 37033 62-1836937	Home Health Care	TN	section 501(c)(3)	Schedule A, line 9	Hickman Community Health Care Services Inc
Middle Tennessee Medical Center Development Foundation 400 N Highland Avenue Murfreesboro, TN 37219 62-1167917	foundation	TN	section 501(c)(3)	Schedule A, line 11a	Middle Tennessee Medical Center Inc
Saint Thomas Health Services Fund fka St Thomas Foundation 4220 Harding Road Nashville, TN 37205 58-1663055	operates foundation	TN	section 501(c)(3)	Schedule A, line 7	Saint Thomas Network
Saint Thomas Network 4220 Harding Road Nashville, TN 37205 62-1284994	health investment entity	TN	section 501(c)(3)	Schedule A, line 9	St Thomas Health Services
Seton Corporation 4220 harding road Nashville, TN 37205 62-1869474	acute care hospital	TN	section 501(c)(3)	Schedule A, line 3	St Thomas Health Services
St Thomas Hospital 4220 Harding Road Nashville, TN 37205 62-0347580	hospital	TN	section 501(c)(3)	Schedule A, line 3	St Thomas Health Services