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Form 990

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TALLAHASSEE MEMORIAL HEALTHCARE INC		D Employer identification number 59-1917016		
		Doing Business As		E Telephone number (850) 431-5238		
		Number and street (or P O box if mail is not delivered to street address) 1300 MICCOSUKEE ROAD		Room/suite	G Gross receipts \$ 483,629,798	
		City or town, state or country, and ZIP + 4 TALLAHASSEE, FL 32308-5054				
F Name and address of Principal Officer WILLIAM GIUDICE CFO 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions)			
J Web site: ► www.tmh.org			H(c) Group Exemption Number ►			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►			L Year of Formation 1976	M State of legal domicile FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities		
TALLAHASSEE MEMORIAL HEALTHCARE, INC honorably serves our community and maintains positive, collaborative relationships by providing compassionate, leading-edge, patient-centered health care for all			
2	Check this box <input type="checkbox"/> 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)		
4	Number of independent voting members of the governing body (Part VI, line 1b)		
5	Total number of employees (Part V, line 2a)		
6	Total number of volunteers (estimate if necessary)		
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .		
7b	Net unrelated business taxable income from Form 990-T, line 34 . . .		

8	Contributions and grants (Part VIII, line 1h)			Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)			2,465,359	2,621,125
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			297,127,633	313,654,876
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,377,631	1,197,664
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			109,516,111	118,404,510
				411,486,734	435,878,175

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			167,423,567	186,284,140
16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
b	(Total fundraising expenses, Part IX, column (D), line 25)				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			222,402,284	224,897,328
18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))			389,825,851	411,181,468
19	Revenue less expenses Subtract line 18 from line 12			21,660,883	24,696,707

20	Total assets (Part X, line 16)			Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)			346,873,162	378,729,285
22	Net assets or fund balances Subtract line 21 from line 20			250,702,212	342,508,993
				96,170,950	36,220,292

Part II Signature Block

Please Sign Here	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			
	<input type="checkbox"/> 2010-08-11 Signature of officer WILLIAM GIUDICE CFO Type or print name and title		Date	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	PricewaterhouseCoopers LLP 2001 MARKET ST SUITE 1700 PHILADELPHIA, PA 19103		EIN <input type="checkbox"/> Phone no ► (267) 330-3000

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

With caring hands and hearts, TALLAHASSEE MEMORIAL HEALTHCARE, INC honorably serves our community and maintains positive, collaborative relationships by providing compassionate, leading-edge, patient-centered health care for all. We pursue perfection in a trusting and learning environment, thus enhancing the quality of life for those we serve.

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 \$ 372,446,195 including grants of \$ 0) (Revenue \$ 314,984,129)

Tallahassee Memorial HealthCare ("TMH") is a comprehensive healthcare provider located in Tallahassee, Florida, the state capital, in the heart of the Panhandle. Situated in Leon County with a population of more than 265,000 people, TMH's primary service area covers 10 counties in Florida which include Calhoun, Gadsden, Franklin, Jackson, Jefferson, Liberty, Madison, Taylor and Wakulla. TMH also provides service to 6 counties in Georgia which include Brooks, Decatur, Grady, Lowndes, Seminole and Thomas. The sixteen counties represent a population base of more than 725,000 people, covering 10,700 square miles. TMH is managed by a team of community citizens who volunteer their time and expertise without compensation. The TMH Board of Directors is committed to its community service mission, and members serve without compensation. TMH serves a truly diverse population. Tallahassee is one of the youngest and most highly educated populations in Florida. It is a population that has the most immediate access to medical care. Leon County has the second highest percentage of population between the ages of 18 and 34 in the state at 36.8% (behind Alachua County) and the smallest percentage aged 65 and older at 8.9% (of counties with a population greater than 20,000). The area surrounding Tallahassee is mostly rural, with beautiful gently rolling hills and active beaches. Unfortunately, many of these less populated areas are also medically underserved due to a shortage of health care professionals in many of the region's 16 counties. The Health Resource and Services Administration (HRSA) has designated eight of these sixteen counties as medically underserved areas (MUA) and seven of the sixteen counties contain medically underserved population (MUP) segments. Almost 25% of the population lives at or below 150% of the Federal Poverty Level, and one in eight people under age 65 have no health insurance. Based on data from Thomson Reuters, the percentage of covered lives that are on Medicaid are as follows: Leon - 15%, Gadsden - 34%, Wakulla - 16%, Jefferson - 25%, Calhoun - 27%, Franklin - 21%, Jackson - 27%, Liberty - 28%, Madison - 40%, and Taylor - 31%. The percentage of covered lives that are on Medicaid for the counties in Georgia are Brooks - 22%, Decatur - 21%, Grady - 20%, Lowndes - 18%, Seminole - 27%, and Thomas 20%. Health barriers are numerous and hard to overcome, but TMH is tackling these barriers and striving to improve health care. > Educating the Public about Financial Assistance Options TMH attempts to educate all patients, or their guarantors, about their financial responsibility as well as their options and opportunities for assistance with hospital bills. All patients are given the opportunity to receive a good faith estimate of services to be provided along with information about financial assistance. Signs are posted in Central Registration, as well as other entry points in the hospital, providing patients with a phone number to call for this information. Those patients who are uninsured are asked to complete a brief application for financial assistance. It is through this application that TMH can assess the patient's need for financial assistance or program eligibility. A patient may be referred to a Financial Counselor or Hospital Inpatient Services which is a contracted company that provides Medicaid eligibility services to the hospital. For those who do not speak English, translation services are available. When an uninsured patient presents in a non-emergent setting, a Financial Application is completed and a meeting with a Financial Counselor is scheduled. During this meeting, various options, ranging from Vocational Rehab to payment plans based on a sliding fee schedule, to referral to the WeCare network, which offers free care, are explored. In the event that the patient would qualify for Medicaid, a referral is made to Hospital Inpatient Services. Hospital Inpatient Services, through a Department of Children and Families representative, assists patients in completing the Medicaid application. If the patient is disabled, or going to be disabled for at least a year, Hospital Inpatient Services will assist the patient in applying for disability. If a patient presents to the Emergency Room, care is provided prior to ascertaining the patient's coverage and/or ability to pay. Once the patient is stabilized, the steps outlined for the non-emergent setting are taken. In the event that a patient does not qualify for any programs, and is uninsured, a charity application is completed. It is through this process that a determination is made as to whether the patient qualifies for charity or the sliding fee schedule. The Hospital Sponsored Financial Assistance Program (FAP) is available for uninsured patients. FAP is a charity and sliding scale discount program based on the patient's family income. Patients with family incomes at or below 150% of the Federal Poverty Guidelines or whose charges exceed 25% of the annual family income are eligible for 100% charity or free care. Patients with family incomes between 151% and 400% of the Federal Poverty Guidelines are eligible for sliding scale discounts. These uninsured patients will be responsible for a percent of hospital charges determined by income and family size. The state of Florida has recognized the high level of uncompensated care provided by TMH by designating TMH as a Medicaid Disproportionate Share Provider. Approx 3.0% of TMH's gross revenues are provided without compensation to indigent patients with no funding source and another 11% of the gross revenues are generated by services to patients covered under the Medicaid program and Medicaid HMOs. >Improving Regional Health Status TMH uses a variety of assessment tools to determine the needs of its community. Among those assessment tools are: - County Health Status Summary from Florida CHARTS (Community Health Assessment Resource Tool Set) - Leon County Healthcare Advisory Board - Mayor's Homeless Coalition - Tallahassee Memorial HealthCare Public Perception Study - Community requests for services, such as trauma center and diabetes center. For instance, based on the most recent publications from the Florida Department of Health, Leon County ranked in the bottom state quartile in the following health indicators: stroke age-adjusted death rate, prostate cancer age-adjusted death rate, adults who currently have asthma, HIV cases reported, AIDS cases reported, Chlamydia cases reported, gonorrhea cases reported, infectious syphilis cases reported, and low birth rate births (births < 2500 grams). Gadsden County ranked in the bottom state quartiles for the following health indicators: stroke age-adjusted death rate, colorectal cancer age-adjusted death, colorectal cancer age-adjusted incidence rate, breast cancer age-adjusted death rate, prostate cancer age-adjusted death rate, prostate cancer age-adjusted incidence rate, cervical cancer age-adjusted death rate, cervical cancer age-adjusted incidence rate, adults who currently have asthma, amputation due to diabetes age-adjusted hospitalization rate, HIV cases reported, AIDS cases reported, Chlamydia cases reported, TB Cases reported, gonorrhea cases reported, infectious syphilis cases reported, low birth weight births (births < 2500 grams), premature births (births < 37 weeks gestation), births to teens 15-19, infant death rate, neonatal death rate, post-neonatal death rate, and fetal death ratio. Wakulla County ranked in the bottom state quartile for the following health indicators: stroke age-adjusted death rate, and adults who currently have asthma. Franklin County ranked in the bottom state quartile for the following health indicators: lung cancer age-adjusted incidence rate, adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years, breast cancer age-adjusted death rate, cervical cancer age-adjusted incidence rate, early prenatal care (care began 1st trimester), births to teens 15-19, and kindergarten children fully immunized. TMH colleagues are involved in a wide variety of activities and essential services to positively affect our community's health status. Physicians and hospital staff conducted over 150 various health seminars, health screenings, support groups and health fairs for the public throughout the year. In most cases, these activities are free, or at low costs for participants. Examples of such activities include seminars hosted by the Women's Pavilion, the Diabetes Center, the NeuroScience Center, the Heart and Vascular Center and the Behavioral Health Center. >Providing Essential Services As a not-for-profit community healthcare system TMH subsidizes health services that do not generate a positive operating margin but are offered because of a need in the community. During fiscal year 2009, TMH contributed \$13,144,486 in subsidized health services in our service area. A few of the subsidized services provided include:

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 \$ 372,446,195 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

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

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

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

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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

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

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

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

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

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20	Yes	
21		No
22		No
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

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
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

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

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

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

	Yes	No
28a	Yes	
28b	Yes	
28c	Yes	
29	Yes	
30		No
31		No
32		No
33		No
34	Yes	
35	Yes	
36		No
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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 309	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 4,384	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	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)?		
4b	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	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?	6a No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a No	
7b	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
7c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c No	
7d	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7e	If "Yes," indicate the number of Forms 8282 filed during the year	7d No	
7f	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f No	
7h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> 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	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a No	
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter	10a No	
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations</i> Enter	11a No	
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a No	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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	14
b Enter the number of voting members that are independent . . .	1b	11
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	Yes
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	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
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	No
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	

Section C. Disclosure

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

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
 WILLIAM A GIUDICE CFO
 1300 MICCOSUKEE ROAD
 TALLAHASSEE, FL 32308
 (850) 431-5238

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.

Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►118

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROSS COUNTRY STAFFING PO BOX 404674 ATLANTA, GA 303844674	NURSING	1,870,606
HEALTHCARE PERFORMANCE GROUP 9105 WEST 131ST STREET OVERLAND PARK, KS 662133073	IT STAFFING	1,342,119
INTELLISTAFF TRAVEL PO BOX 840721 DALLAS, TX 752840721	TEMPORARY STAFFING	1,158,132
HEALTH BUSINESS SOLUTIONS LLC 1939 TYLER STREET HOLLYWOOD, FL 33020	DENIAL MANAGEMENT	1,132,865
PETER MITCHELL 1311 E 7TH AVENUE TALLAHASSEE, FL 32303	PUBLIC RELATIONS	937,856

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

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	0				
	b Membership dues 1b	0				
	c Fundraising events 1c	0				
	d Related organizations . . . 1d	674,267				
	e Government grants (contributions) 1e	1,182,572				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	764,286				
	g Noncash contributions included in lines 1a-1f \$ 33,801					
	h Total (Add lines 1a-1f) ►	2,621,125				
Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code 621,500	313,654,876	313,093,312	561,564	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ► \$ 313,654,876					
	3 Investment income (including dividends, interest other similar amounts) ►		1,124,861			1,124,861
4 Income from investment of tax-exempt bond proceeds ►		0				
5 Royalties		0				
6a Gross Rents	(i) Real 4,182,732					
b Less rental expenses	5,668,868					
c Rental income or (loss)	-1,486,136					
d Net rental income or (loss) ►		-1,486,136		923,140	-2,409,276	
7a Gross amount from sales of assets other than inventory	(i) Securities 20,422,749	(ii) Other 13,836				
b Less cost or other basis and sales expenses	20,303,376	60,406				
c Gain or (loss)	119,373	-46,570				
d Net gain or (loss) ►		72,803			72,803	
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 ►		0				
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 ►		0				
10a Gross sales of inventory, less returns and allowances						
a 139,718,802						
b Less cost of goods sold b 21,718,973						
c Net income or (loss) from sales of inventory ►		117,999,829			117,999,829	
Miscellaneous Revenue	Business Code					
11a VENDOR REBATES	900,099	1,052,881	1,052,881			
b PARKING DECK	900,099	563,266	563,266			
c MISCELLANEOUS REVENUE	900,099	144,204	144,204			
d All other revenue		130,466	130,466			
e Total. Add lines 11a-11d \$ 1,890,817						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►	435,878,175	314,984,129	1,484,704	116,788,217		

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,186,060	2,675,952	510,108	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	154,217,756	137,901,688		0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,501,655	5,813,787	687,868	0
9 Other employee benefits	11,739,141	10,497,153	1,241,988	0
10 Payroll taxes	10,639,528	9,513,878	1,125,650	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,773,419	2,889,998	883,421	0
c Accounting	884,919	0	884,919	0
d Lobbying	0			
e Professional fundraising See Part IV, line 17 . . .	0			
f Investment management fees	0			
g Other	10,328,183	8,924,669	1,403,514	0
12 Advertising and promotion	1,096,182	0	1,096,182	0
13 Office expenses	72,693,611	71,405,078	1,288,533	0
14 Information technology	6,708,912	5,944,600	764,312	0
15 Royalties	0			
16 Occupancy	8,869,382	6,832,969	2,036,413	0
17 Travel	1,429,487	922,592	506,895	0
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	915,286	449,807	465,479	0
20 Interest	8,345,601	8,345,601	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,228,513	14,470,925	2,757,588	0
23 Insurance	11,997,373	11,665,449	331,924	0
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 PROVISION FOR BAD DEBTS	62,161,565	62,161,565	0	0
b SERVICE MAINTENANCE	10,044,533	6,128,329	3,916,204	0
c INDIGENT CARE ASSESSMENT	4,477,675	4,477,675	0	0
d COLLECTIONS	1,607,125	0	1,607,125	0
e DUES AND SUBSCRIPTIONS	1,151,601	821,706	329,895	0
f All other expenses	1,183,961	602,774	581,187	0
25 Total functional expenses. Add lines 1 through 24f	411,181,468	372,446,195	38,735,273	0
26 Joint Costs. Check <input type="checkbox"/> 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
1	Cash—non-interest-bearing	1	
2	Savings and temporary cash investments	2	101,093,491
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	36,366,524
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	6,146,076
9	Prepaid expenses and deferred charges	9	4,681,748
10a	Land, buildings, and equipment cost basis	10a	431,864,264
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	242,370,731
		10c	187,694,476
11	Investments—publicly traded securities	11	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	12	984,800
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	15	35,428,003
16	Total assets. Add lines 1 through 15 (must equal line 34)	16	346,873,162
17	Accounts payable and accrued expenses	17	50,052,530
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	20	133,665,498
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
23	Secured mortgages and notes payable to unrelated third parties	23	3,603,160
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	25	63,381,024
26	Total liabilities. Add lines 17 through 25	26	250,702,212
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	27	96,170,950
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	33	96,170,950
34	Total liabilities and net assets/fund balances	34	36,220,292
			346,873,162
			378,729,285

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> accrual
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	Yes
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	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b If "Yes," did the organization undergo the required audit or audits?	3b	

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)

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

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?

(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?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 (Subtract 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 any other additional information. (see instructions)

Facts and Circumstances Test

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 <input checked="" type="checkbox"/> if the filing organization belongs to an affiliated group 			
B Check <input type="checkbox"/> 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)	0 0		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	41,190 41,190		
c Total lobbying expenditures (add lines 1a and 1b)	41,190 41,190		
d Other exempt purpose expenditures	411,140,278 412,794,346		
e Total exempt purpose expenditures (add lines 1c and 1d)	411,181,468 412,835,536		
f Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000 1,000,000		
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)	250,000 250,000		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	178,889	32,756	24,670	41,190	277,505
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines c through i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			15,522
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities If "Yes," describe in Part IV			25,669
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes" enter the amount of any tax incurred under section 4912			
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A 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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	FORM 990, SCHEDULE C, PART II-A	LOBBYING EXPENSES INCURRED INCLUDE MEETING WITH LOCAL CITY AND COUNTY OFFICIALS AND LEGISLATORS IN ORDER TO SECURE APPROPRIATED FUNDS FOR THE LEVEL II TRAUMA CENTER, AS WELL AS PORTIONS OF VHA AND FLORIDA HOSPITAL ASSOCIATION ("FHA") MEMBERSHIP DUES ALLOCATED TO LOBBYING EXPENSES

Part IV Supplemental Information

2008

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 important 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
2a	
2b	
2c	
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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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
1c	
1d	
1e	
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					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g 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

(i) unrelated organizations
 (ii) related organizations

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

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		10,034,482		10,034,482
1b Buildings		231,855,660	105,375,073	126,480,587
1c Leasehold improvements		3,020,401	0	3,020,401
1d Equipment		180,447,822	136,995,658	43,452,164
1e Other		6,505,899	0	6,505,899
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				189,493,533

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other VHA FLORIDA PARTNERSHIP	17,300	F
Other VHA STOCK	10,000	F
Other HEALTH CARE CASUALTY INS LTD	857,500	F
Other HEALTH CARE CAS RISK RT GRP	100,000	F
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
DEBT RESERVE FUND	17,151,510
DEBT SERVICE FUND	6,586,739
DUE FROM PARENT HOLDING CO	4,993,134
DEPOSITS AND OTHER ASSETS	3,487,472
SELF INSURANCE TRUST FUND	3,271,239
SWAP COLLATERAL	2,670,000
BOND ISSUE COSTS	1,803,019
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	39,963,113

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
MINIMUM PENSION LIABILITY	108,368,296
PROF LIABILITY SELF INSURANCE	35,343,677
WORKERS COMP SELF INSURANCE	5,128,923
DUE TO MEDICARE/MEDICAID	7,291,283
SEPARATION ACCRUAL	3,283,870
SWAP LIABILITY	3,124,147
AHCA ASSESSMENT	2,226,111
RESERVE FOR PENDING DISPUTE	1,200,000
DEFERRED COMP ARRANGEMENT	915,542
ASSET RETIREMENT OBLIGATION	380,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	167,261,849

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	435,878,175
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	411,181,468
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	24,696,707
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	-84,647,364
9	Total adjustments (net) Add lines 4 - 8	9	-84,647,364
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-59,950,657

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	370,542,479
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	-65,335,696
e	Add lines 2a through 2d	2e	-65,335,696
3	Subtract line 2e from line 1	3	435,878,175
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	435,878,175

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

1	Total expenses and losses per audited financial statements	1	430,493,136
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	19,311,668
e	Add lines 2a through 2d	2e	19,311,668
3	Subtract line 2e from line 1	3	411,181,468
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	411,181,468

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
SUPPLEMENTAL INFORMATION		DETAIL OF OTHER CHANGES IN NET ASSETS SCHEDULE D, PART XI, LINE 8 Change in Additional Min Pension Liability \$(90,025,254) Change in FMV of derivative Instrument (358,411) Net asset transfer from affiliate 5,467,420 Other Changes in Net Assets 268,881 ----- TOTAL \$(84,647,364) ----- DETAIL OF OTHER CHANGES IN REVENUE SCHEDULE D, PART XII, LINE 2D Change in Additional Min Pension Liability \$(90,025,254) Change in FMV of derivative Instrument (358,411) Net asset transfer from affiliate 5,467,420 Auxiliary expenses (672,459) Auxiliary COGS 474,782 Central Service COGS 3,076,420 Pharmacy COGS 18,167,771 Lifeline Unit Depreciation 567 Auxiliary Depreciation 2,046 Auxiliary Elim Entry (7,239) Child Care Revenue (677,339) Vendor Rebates less Phar Rebates (1,134,854) Pharmacy Rebates 81,973 Other Changes in Net Assets 268,881 ----- TOTAL \$(65,335,696) ----- DETAIL OF OTHER CHANGES IN EXPENSES SCHEDULE D, PART XIII, LINE 2D Auxiliary expenses \$ 672,459 Auxiliary COGS (474,782) Central Service COGS (3,076,420) Pharmacy COGS (18,167,771) Lifeline Unit Depreciation (567) Auxiliary Depreciation (2,046) Auxiliary Elim Entry 7,239 Child Care Revenue 677,339 Vendor Rebates less Phar Rebates 1,134,854 Pharmacy Rebates (81,973) ----- TOTAL \$(19,311,668)

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.**

Employer identification number

59-1917016

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ► □ Use Schedule F-1 if additional space is needed.

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

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

SCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

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

Name of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

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

1a Does the organization have a charity care policy? If "No," skip to question 6a

b If "Yes," is it a written policy?

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 _____ %

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 _____ %

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"?

5a Does the organization budget amounts for free or discounted care provided under its charity care policy?

b If "Yes," did the organization's charity care expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Does the organization prepare an annual community benefit report?

6b If "Yes," does the organization make it available to the public?

	Yes	No
1a		
1b		
3a		
3b		
4		
5a		
5b		
5c		
6a		
6b		

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a 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 Government 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, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

2 Enter the amount of the organization's bad debt expense (at cost)

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

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

	Yes	No
1		
2		
3		
4		

Section B—Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Enter line 5 less line 6—surplus or (shortfall)

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

9a		
9b		

Section C—Collection Practices

9a Does the organization have a written debt collection policy?

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

	(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	Other (Describe)
TALLAHASSEE MEMORIAL HOSPITAL	ER-other
1300 MICCOSUKEE ROAD	ER-24 hours
TALLAHASSEE, FL 32308	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
	Licensed hospital

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 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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 communities served

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

2008

Open to Public
Inspection**Schedule J**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

Part I Questions Regarding Compensation

1a Check the appropriate 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

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

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?

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

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a	Yes	
6b		No
7		No
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				
G MARK O'BRYANT	(i) 491,542 (ii) 0	115,000 0	45,240 0	163,800 0	7,448 0	823,030 0	585,869 0
STEVE ADRIAANSE	(i) 227,219 (ii) 0	25,764 0	429 0	13,800 0	5,606 0	272,818 0	168,489 0
WARREN JONES	(i) 139,855 (ii) 0	11,577 0	3,810 0	9,632 0	5,771 0	170,645 0	104,891 0
WILLIAM GIUDICE	(i) 352,413 (ii) 0	28,143 0	8,538 0	13,800 0	7,432 0	410,326 0	312,737 0
EVAN DILLARD	(i) 59,863 (ii) 0	34,135 0	48,879 0	8,654 0	1,348 0	152,879 0	139,213 0
BARBARA MACARTHUR	(i) 189,839 (ii) 0	18,951 0	789 0	12,665 0	316 0	222,560 0	132,168 0
CYNTHIA BLAIR	(i) 167,443 (ii) 0	12,931 0	789 0	9,047 0	180 0	190,390 0	135,157 0
MARY BLAND	(i) 25,374 (ii) 0	18,238 0	137,140 0	11,271 0	7,156 0	199,179 0	115,886 0
PAULA FORTUNAS	(i) 164,100 (ii) 0	20,000 0	2,301 0	11,272 0	2,391 0	200,064 0	141,963 0
JASON H MOORE	(i) 152,912 (ii) 0	25,000 0	30,034 0	0 0	3,407 0	211,353 0	56,467 0
DONALD LINDSEY	(i) 158,429 (ii) 0	0 0	0 0	6,545 0	7,186 0	172,160 0	94,226 0
MICHAEL GLAZE MD	(i) 161,728 (ii) 0	350,136 0	154 0	13,800 0	5,872 0	531,690 0	383,715 0
STEPHEN CREMIN MD	(i) 205,675 (ii) 0	303,607 0	172 0	13,800 0	7,478 0	530,732 0	385,391 0
WILLIAM MILLER MD	(i) 207,897 (ii) 0	261,482 0	6,634 0	13,800 0	185 0	489,998 0	345,093 0
JOSHUA SIMMONS MD	(i) 164,067 (ii) 0	310,594 0	1,068 0	13,800 0	3,163 0	492,692 0	352,610 0
KEVIN FRAZER MD	(i) 150,396 (ii) 0	260,845 0	154 0	13,800 0	5,893 0	431,088 0	312,816 0

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.

Schedule K
(Form 990)

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A CITY OF TALLAHASSEE	59-6000435		09-12-2008	600,000	SLEEP CENTER CONSTRUCTION		X		X

Part II Proceeds (Optional for 2008)

1 Total Proceeds of Issue	A		B		C		D		E	
	Yes	No								
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

2008

Open to Public
InspectionName of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
	GENERAL SUPPLIES - TOYS FOR			
25 Other (describe <u>PEDIATRICS</u>)	X	73	20,587	ACTUAL COST
26 Other (describe MEALS FOR EMPLOYEE RECOGNITION)	X	11	4,831	ACTUAL COST
27 Other (describe MEDICAL SUPPLIES - WHEELCHAIRS)	X	10	8,383	ACTUAL COST
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee			29	

Acknowledgement

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
30a		No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		
32a		No
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)**Supplemental Information to Form 990****2008****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► 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.****Name of the organization**
TALLAHASSEE MEMORIAL HEALTHCARE INC**Employer identification number**

59-1917016

Identifier	Return Reference	Explanation
SUPPLEMENTAL DISCLOSURES		<p>CHANGES IN PROGRAM SERVICES NOT LISTED ON PRIOR YEAR'S FORM 990 FORM 990, PART III, LINE 2 DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2009, TALLAHASSEE MEMORIAL HEALTHCARE, INC ("TMH") OBTAINED LEVEL II TRAUMA CERTIFICATION ----- DESCRIPTION OF FAMILY OR BUSINESS RELATIONSHIPS FORM 990, PART VI, SECTION A, LINE 2 William Giudice, officer, and Chris Rumana, director, HOLD A BUSINESS RELATIONSHIP ----- FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION A, LINE 10 INFORMATION RELATED TO TMH'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION THE 2008 FORM 990 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2009 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR FINANCE TEAM MEMBERS BEFORE IT WAS FILED WITH THE IRS The Audit & Compliance Committee of the Board of Directors reviewed THE Form 990 at a meeting of the committee prior to its filing All members of the board were afforded the opportunity to review Form 990 prior to its filing ----- CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C AS PART OF OUR WRITTEN CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY MEMBERS ----- COMPENSATION PROCESS FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION ARRANGEMENTS INVOLVING OUR CEO and SENIOR LEADERSHIP TEAM ARE ESTABLISHED BY TMH PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS) ----- DOCUMENTS AVAILABILITY TO PUBLIC FORM 990, PART VI, SECTION C, LINE 19 ALL DOCUMENTS ARE AVAILABLE to the public UPON REQUEST IN ADDITION, A COPY OF OUR CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE TMH WEBSITE CONSOLIDATED FINANCIAL STATEMENTS ARE ALSO FILED WITH the Digital Assurance Certification, L L C , Agency for Health Care Administration A copy of our Form 990 is also filed with the Florida Department of Agriculture and Consumer Services ----- DETAIL OF OFFICERS, DIRECTORS, TRUSTEES, ETC FORM 990, PART VII, COLUMN (B) CERTAIN OFFICERS OF THIS ORGANIZATION MAY ALSO DEVOTE TIME EACH WEEK TO RELATED ORGANIZATIONS</p>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► See separate instructions.

Name of the organization

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

Part I Identification of Disregarded Entities

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
SOUTHEAST COMMUNITY HEALTH SERVICES INC 1309 THOMASVILLE ROAD TALLAHASSEE, FL32303 58-1434992	HOLDING CO	FL	501(C)(25)	N/A	TMH
TALLAHASSEE MEMORIAL HEALTHCARE FDN 1309 THOMASVILLE ROAD TALLAHASSEE, FL32303 59-1727645	FUNDRAISING	FL	501(C)(3)	7	TMH

Part III Identification of Related Organizations Taxable as a Partnership

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
TALLAHASSEE MEMORIAL HEALTH VENTURES INC							
1309 THOMASVILLE ROAD	HOLDING COMPANY	FL	TMH	C CORP	430,528	11,702,385	100 %
TALLAHASSEE, FL32303							
59-2717050							

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r	Yes	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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) SOUTHEAST COMMUNITY HEALTH SERVICES INC	A	27,885
(2) SOUTHEAST COMMUNITY HEALTH SERVICES INC	J	537,074
(3) SOUTHEAST COMMUNITY HEALTH SERVICES INC	R	5,467,420
(4) TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION	N,P	706,639
(5) TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION	C	667,422
(6) TALLAHASSEE MEMORIAL HEALTH VENTURES INC	I	1,401,865
(7) TALLAHASSEE MEMORIAL HEALTH VENTURES INC	J	220,024
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

Additional Data**Software ID:**
Software Version:**EIN:** 59-1917016**Name:** TALLAHASSEE MEMORIAL HEALTHCARE 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	Office	Key employee	Highest compensated employee	Former			
LAURIE L DOZIER III , TREASURER	1 0	X		X				0	0	0
HAROLD BROCK , DIRECTOR	1 0	X						0	0	0
SUSIE BUSCH-TRANSOU , DIRECTOR	1 0	X						0	0	0
JOSEPH L CAMPS MD , SECRETARY	1 0	X		X				0	0	0
DAVID L SAINT MD , CHAIR	1 0	X		X				0	0	0
KIM WILLIAMS , DIRECTOR	1 0	X						0	0	0
ERIN ENNIS , CHAIR-ELECT	1 0	X						0	0	0
GLENDAL THORNTON , DIRECTOR	1 0	X						0	0	0
RICK MOORE , DIRECTOR	1 0	X						0	0	0
MARTIN PROCTOR , DIRECTOR	1 0	X						0	0	0
DEBRA AUSTIN EDD , DIRECTOR	1 0	X						0	0	0
FRANK GREDLER MD , DIRECTOR	1 0	X						0	0	0
ALMA LITTLES MD , DIRECTOR	1 0	X						0	0	0
CHRIS RUMANA MD , DIRECTOR	1 0	X						0	0	0
G MARK O'BRYANT , CEO/PRESIDENT	55 0			X				651,782	0	171,248
STEVE ADRIAANSE , VP/CHIEF HR OFFICER	55 0			X				253,412	0	19,406
WARREN JONES , VP/CHIEF COMMUNICATION OFFICER	55 0			X				155,242	0	15,403
WILLIAM GIUDICE , VP/CFO	55 0			X				389,094	0	21,232
BARBARA MACARTHUR , VP/CHIEF PATIENT CARE OFFICER	55 0			X				209,579	0	12,981
CYNTHIA BLAIR , VP/CHIEF IMPROVEMENT OFFICER	55 0			X				181,163	0	9,227
PAULA FORTUNAS , VP/CHIEF ADVANCEMENT OFFICER	55 0			X				186,401	0	13,663
JASON H MOORE , VP/COO	55 0			X				207,946	0	3,407
DONALD LINDSEY , VP/CIO	55 0			X				158,429	0	13,731
MICHAEL GLAZE MD , PHYSICIAN	40 0				X			512,018	0	19,672
STEPHEN CREMIN MD , PHYSICIAN	40 0				X			509,454	0	21,278
WILLIAM MILLER MD , PHYSICIAN	40 0				X			476,013	0	13,985
JOSHUA SIMMONS MD , PHYSICIAN	40 0				X			475,729	0	16,963
KEVIN FRAZER MD , PHYSICIAN	40 0				X			411,395	0	19,693
EVAN DILLARD , FORMER VP/COO	1 0					X		142,877	0	10,002
MARY BLAND , VP/CIO	1 0					X		180,752	0	18,427

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Additional Data

Software ID:
Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MOORE BASS CONSULTING INC	SIMILAR DIRECTOR/PARTNER	491,072	CONSULTING SERVICES		No
SOUTHERN MEDICAL GROUP	SIMILAR DIRECTOR/SHARHLDR	1,063,831	RENTAL OF PROPERTY		No
TALLAHASSEE NEUROLOGICAL CLINIC	SIMILAR DIRCETOR/OFFICER	162,919	RENTAL OF PROPERTY		No
TIM FORTUNAS	FAMILY MEMBER OF OFFICER	30,181	EMPLOYMENT		No
RICHARD MACARTHUR	FAMILY MEMBER OF OFFICER	235,009	EMPLOYMENT		No
FAITH JONES	FAMILY MEMBER OF OFFICER	100,683	EMPLOYMENT		No
VIVIAN MOORE	FAMILY MEMBER OF OFFICER	51,840	EMPLOYMENT		No

Software ID:
Software Version:
EIN: 59-1917016
Name: TALLAHASSEE MEMORIAL HEALTHCARE 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				
G MARK O'BRYANT	(i) 491,542 (ii) 0	115,000 0	45,240 0	163,800 0	7,448 0	823,030 0	585,869 0
STEVE ADRIAANSE	(i) 227,219 (ii) 0	25,764 0	429 0	13,800 0	5,606 0	272,818 0	168,489 0
WARREN JONES	(i) 139,855 (ii) 0	11,577 0	3,810 0	9,632 0	5,771 0	170,645 0	104,891 0
WILLIAM GIUDICE	(i) 352,413 (ii) 0	28,143 0	8,538 0	13,800 0	7,432 0	410,326 0	312,737 0
EVAN DILLARD	(i) 59,863 (ii) 0	34,135 0	48,879 0	8,654 0	1,348 0	152,879 0	139,213 0
BARBARA MACARTHUR	(i) 189,839 (ii) 0	18,951 0	789 0	12,665 0	316 0	222,560 0	132,168 0
CYNTHIA BLAIR	(i) 167,443 (ii) 0	12,931 0	789 0	9,047 0	180 0	190,390 0	135,157 0
MARY BLAND	(i) 25,374 (ii) 0	18,238 0	137,140 0	11,271 0	7,156 0	199,179 0	115,886 0
PAULA FORTUNAS	(i) 164,100 (ii) 0	20,000 0	2,301 0	11,272 0	2,391 0	200,064 0	141,963 0
JASON H MOORE	(i) 152,912 (ii) 0	25,000 0	30,034 0	0 0	3,407 0	211,353 0	56,467 0
DONALD LINDSEY	(i) 158,429 (ii) 0	0 0	0 0	6,545 0	7,186 0	172,160 0	94,226 0
MICHAEL GLAZE MD	(i) 161,728 (ii) 0	350,136 0	154 0	13,800 0	5,872 0	531,690 0	383,715 0
STEPHEN CREMIN MD	(i) 205,675 (ii) 0	303,607 0	172 0	13,800 0	7,478 0	530,732 0	385,391 0
WILLIAM MILLER MD	(i) 207,897 (ii) 0	261,482 0	6,634 0	13,800 0	185 0	489,998 0	345,093 0
JO SHUA SIMMONS MD	(i) 164,067 (ii) 0	310,594 0	1,068 0	13,800 0	3,163 0	492,692 0	352,610 0
KEVIN FRAZER MD	(i) 150,396 (ii) 0	260,845 0	154 0	13,800 0	5,893 0	431,088 0	312,816 0

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	SOUTHEAST COMMUNITY HEALTH SERVICES INC	A	27,885
(2)	SOUTHEAST COMMUNITY HEALTH SERVICES INC	J	537,074
(3)	SOUTHEAST COMMUNITY HEALTH SERVICES INC	R	5,467,420
(4)	TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION	N,P	706,639
(5)	TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION	C	667,422
(6)	TALLAHASSEE MEMORIAL HEALTH VENTURES INC	I	1,401,865
(7)	TALLAHASSEE MEMORIAL HEALTH VENTURES INC	J	220,024

TY 2008 AffiliatedGroupAttachment

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

EIN: 59-1917016

Explanation: Direct Other LOBBYING Exempt Purpose Name of Electing Organization Expenditures

----- TALLAHASSEE MEMORIAL HEALTHCARE, INC.
\$41,190 \$411,140,278 This organization has made the lobbying election under I.R.C. section 501(h) for the tax year ended September 30, 2009. This election has not been revoked before the start of the organization's tax year that began in 2008. -----

----- Direct Other LOBBYING Exempt Purpose Name of Non-Electing Organization Expenditures
Expenditures -----

----- SOUTHEAST COMMUNITY HEALTH SRVS, INC. \$NONE \$ 360,828 TALLAHASSEE MEMORIAL
HEALTHCARE FND None 1,293,240 -----
\$None \$ 1,654,068 TOTALS \$41,190 \$412,794,346
===== =====