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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
Middle Tennessee Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1700 Medical Center Parkway

City or town, state or country, and ZIP + 4
Murfreesboro, TN 37129

D Employer identification number
62-0475842

E Telephone number
(615) 396-4100

G Gross receipts $ 217,916,991

F Name and address of principal officer
Gordon B Ferguson
1700 Medical Center Parkway
Murfreesboro, TN 37129

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www mtmc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1927 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Spiritually centered care, which sustains and improves the health of individuals & communities

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	1,293
6	Total number of volunteers (estimate if necessary)	6	142
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	280,520
b	Net unrelated business taxable income from Form 990-T, line 34	7b	279,520

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,031,152	130,716
9	Program service revenue (Part VIII, line 2g)	185,676,652	214,643,050
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	354,945	214,793
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,834,206	2,213,388
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,896,955	217,201,947
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	43,667	44,852
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,268,268	68,385,504
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	114,079,581	128,829,813
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	176,391,516	197,260,169
19	Revenue less expenses Subtract line 18 from line 12	13,505,439	19,941,778

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	231,445,013	327,166,705
21	Total liabilities (Part X, line 26)	88,367,238	163,776,682
22	Net assets or fund balances Subtract line 21 from line 20	143,077,775	163,390,023

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-16

Alan Strauss CFO-St Thomas Health Services
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP
250 East Fifth Street Suite 1900
Cincinnati, OH 45202

EIN ▶

Phone no ▶ (513) 784-7100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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 501(c)(4) organizations and section 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 $ 162,941,202 including grants of $ 44,852) (Revenue $ 214,362,530)

Middle Tennessee Medical Center is a 286-bed private, not-for-profit acute care hospital located in Murfreesboro, Tennessee MTMC provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2010, approximately 40% of the value of services rendered were to elderly patients under the Medicare program, and approximately 16% of the services were provided to patients who were deemed indigent under state, county, or MTMC Guidelines Also, MTMC provided the following benefits to the community Charity care (at cost) in the amount of $5,823,914, Government sponsored health care (net expenses) $3,337,513, and Community Benefit Programs (net expenses) $356,140 See Schedule O for complete Community Benefit Report

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 162,941,202

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	94		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,293		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	17		
b	Enter the number of voting members that are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Martha Tolbert VP Finance
1700 Medical Center Parkway
Murfreesboro, TN 37129
(615) 396-4100

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 current or former officer, director, trustee or key employee

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

1b Total . . . . . ▶	2,333,949	434,721	172,335

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 41

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MTMC for Lung Disease Suite 310 1800 Medical Center Park Murfreesboro, TN 37129	Medical Services	950,004
Corporate Development Suite 130 4000 Faber Place Drive Charleston, SC 294058585	Consulting Services	276,982
Jon Draud 5912 Old Harding Pike Nashville, TN 37205	Physician	200,000
Richard Michaelson PO Box 366 Murfreesboro, TN 37133	Pathologist	144,424
Rebecca Baskin 1004 N Highland Avenue Murfreesboro, TN 37130	Physician	140,550
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 7		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	130,716			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		130,716			
Program Service Revenue			Business Code				
	2a	Patient Service Rev	621,400	213,499,883	213,499,883		
	b	Investment - JV's	621,400	783,986	783,986		
	c	Reference Lab	621,500	280,520		280,520	
	d	Rental Income-Related	531,120	61,902	61,902		
	e	Hospital Ed Seminars	624,190	16,759	16,759		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		214,643,050			
	3	Investment income (including dividends, interest and other similar amounts)		198,791			198,791
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	760,737				
	b	Less rental expenses	480,237				
	c	Rental income or (loss)	280,500				
	d	Net rental income or (loss)		280,500			280,500
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		16,002			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		16,002			
	d	Net gain or (loss)		16,002			16,002
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	294,380			
	b	Less cost of goods sold	b	234,807			
	c	Net income or (loss) from sales of inventory		59,573			59,573
		Miscellaneous Revenue	Business Code				
	11a	Vending Machine	624,200	1,011,804			1,011,804
	b	Management Fee	541,610	226,602			226,602
	c	Pharmacy Sales	621,500	15,163			15,163
	d	All other revenue		619,746			619,746
	e	**Total.** Add lines 11a–11d		1,873,315			
	12	**Total revenue.** See Instructions		217,201,947	214,362,530	280,520	2,428,181

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	44,852	44,852		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,344,459		1,344,459	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,979,763	50,069,864	3,909,899	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,585,502	2,326,952	258,550	
9 Other employee benefits	6,614,411	5,952,970	661,441	
10 Payroll taxes	3,861,369	3,475,232	386,137	
11 Fees for services (non-employees)				
a Management	27,361,696		27,361,696	
b Legal	11,414		11,414	
c Accounting	12,393		12,393	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	16,279,740	16,279,740		
12 Advertising and promotion	410,515	410,515		
13 Office expenses	372,127	372,127		
14 Information technology				
15 Royalties				
16 Occupancy	2,575,365	2,575,365		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,346	174,346		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,024,714	15,024,714		
23 Insurance	1,077,023	1,077,023		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies	29,459,815	29,459,815	0	0
b Bad Debt Expense	24,426,045	24,426,045	0	0
c Other Professional Fees	3,729,780	3,356,802	372,978	0
d Equip Rental & Maint	3,260,695	3,260,695	0	0
e Consulting Fees	1,289,262	1,289,262	0	0
f All other expenses	3,364,883	3,364,883		
25 **Total functional expenses.** Add lines 1 through 24f	197,260,169	162,941,202	34,318,967	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		25,313,653	1	17,856,932
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,229,262	4	22,701,591
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		613,855	7	485,022
	8	Inventories for sale or use		2,648,431	8	1,320,257
	9	Prepaid expenses and deferred charges		909,942	9	718,901
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 176,997,193			
	b	Less accumulated depreciation	10b 123,153,512	59,623,405	10c	53,843,681
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,104,626	13	1,843,927
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		118,001,839	15	228,396,394
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		231,445,013	16	327,166,705
Liabilities	17	Accounts payable and accrued expenses		11,292,591	17	28,936,040
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		77,074,647	25	134,840,642
	26	**Total liabilities.** Add lines 17 through 25		88,367,238	26	163,776,682
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		139,972,782	27	160,390,012
	28	Temporarily restricted net assets		3,104,993	28	3,000,010
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		143,077,775	33	163,390,023
	34	Total liabilities and net assets/fund balances		231,445,013	34	327,166,705

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		7,492
j	Total lines 1c through 1i			7,492
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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 (see instructions)	5	

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV 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 the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,518,024	5,735,135		11,253,159
b Buildings		47,985,310	28,603,473	19,381,837
c Leasehold improvements		35,715,544	29,331,076	6,384,468
d Equipment		72,587,375	63,818,597	8,768,778
e Other		9,455,805	1,400,366	8,055,439
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				53,843,681

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		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Construction in Progress	219,714,901
Other Receivables	138,713
Physician Receivables	199,380
Due From Related Entities	4,521,042
Other Assets	822,348
Assets Limited to Use	3,000,010
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	228,396,394

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Current Self Insurance Liability	1,501,686
Est 3rd Party Payor Settlement	2,812,140
Due To Affiliates	58,520,920
Other Liabilities	1,050,148
Intercompany Debt to Ascension Health	64,035,730
Other Non Current Liabilities	819,472
Accrued Pension	4,779,146
Pension Plan Liability	1,321,400
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	134,840,642

2. Fin 48 Footnote 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	217,201,947
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	197,260,169
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,941,778
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	370,471
9	Total adjustments (net) Add lines 4 - 8	9	370,471
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,312,249

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Per the financial statements of Ascension Health (which include the activity of Middle Tennessee Medical Center), there is no ASC 740 (fka FIN 48) footnote for the current year
Part XI, Line 8 - Other Adjustments		Transfers to/from Affiliated Entities -180561 Deferred Pension Costs 543178 Temporary Restricted - Contributions/Release restrict -104982 Donations - Capital Equipment 112836

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
Current Self Insurance Liability	1,501,686
Est 3rd Party Payor Settlement	2,812,140
Due To Affiliates	58,520,920
Other Liabilities	1,050,148
Intercompany Debt to Ascension Health	64,035,730
Other Non Current Liabilities	819,472
Accrued Pension	4,779,146
Pension Plan Liability	1,321,400

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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)			5,690,008		5,690,008	3 290 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			22,219,742	19,087,915	3,131,827	1 810 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			27,909,750	19,087,915	8,821,835	5 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			6,384		6,384	0 %
f Health professions education (from Worksheet 5)			25,423		25,423	0 010 %
g Subsidized health services (from Worksheet 6)			219,736		219,736	0 130 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	1	130	251,943		251,943	0 150 %
j **Total** Other Benefits	1	130	503,486		503,486	0 290 %
k **Total.** Add lines 7d and 7j	1	130	28,413,236	19,087,915	9,325,321	5 390 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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			1,200		1,200	0 %
3	Community support	1		5,401		5,401	0 %
4	Environmental improvements						
5	Leadership development and training for community members	3		700		700	0 %
6	Coalition building			837		837	0 %
7	Community health improvement advocacy	5		2,800		2,800	0 %
8	Workforce development						
9	Other						
10	**Total**	9		10,938		10,938	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	24,426,045		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	874,060		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	52,451,377		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	48,098,057		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	4,353,320		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Middle Tennessee Medical Center 1700 Medical Center Parkway Murfreesboro, TN 37129	X	X					X		

Part VI Supplemental Information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Varsity Medics102 Wargo Court Murfreesboro, TN 37128	414337648		6,000				Medical services at Middle Tennessee State University football games
Rutherford County Board of Education2240 Southpark Boulevard Murfreesboro, TN 37128			10,000				Build a fitness course on the campus of a school where the student body is 45% overweight/obese
Murfreesboro City Schools Suite 100 2552 South Church Street Murfreesboro, TN 37127	621823874	170(c)(1)	13,000				Cover costs associated with primary care & behavioral health care for uninsured students
American Red Cross836 Commercial Court Murfreesboro, TN 37129	620582070	501(c)(3)	5,000				Disaster relief program for local disasters such as the Good Friday tornadoes

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gordon Ferguson	(i)	0	0	0	0	0	0	0
	(ii)	296,330	71,000	67,391	4,900	20,489	460,110	0
William Brown	(i)	224,671	38,536	46,108	4,900	14,502	328,717	0
	(ii)	0	0	0	0	0	0	0
Martha Tolbert	(i)	185,619	32,799	21,421	4,407	12,223	256,469	0
	(ii)	0	0	0	0	0	0	0
Michael Bratton	(i)	165,568	28,169	10,111	3,843	13,851	221,542	0
	(ii)	0	0	0	0	0	0	0
Ryan Simpson	(i)	153,499	25,361	700	3,719	17,449	200,728	0
	(ii)	0	0	0	0	0	0	0
Muhammed Akmal	(i)	375,735	0	180	0	15,750	391,665	0
	(ii)	0	0	0	0	0	0	0
Sheila Pertiller	(i)	268,574	1,948	180	0	10,162	280,864	0
	(ii)	0	0	0	0	0	0	0
Nicholas Dieringer	(i)	229,116	29,426	171	4,900	15,472	279,085	0
	(ii)	0	0	0	0	0	0	0
Sally Bullock	(i)	259,507	0	552	4,900	318	265,277	0
	(ii)	0	0	0	0	0	0	0
Bhavana Nair	(i)	220,063	15,813	122	4,830	15,720	256,548	0
	(ii)	0	0	0	0	0	0	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

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

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136015281

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Middle Tennessee Medical Center, Inc has a single corporate member, Saint Thomas Health Services who has the ability to elect members to the governing body of the Middle Tennessee Medical Center, Inc

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain Officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Management presents the Form to the Board, or a designated committee, to review and answer any questions Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2		The financial statements of Saint Thomas Health Services, which include the activity of Middle Tennessee Medical Center, are subject to a specific scope audit The activity of Middle Tennessee Medical Center and other members of Saint Thomas Health Services are reported in the consolidated financial statements of Ascension Health No individual audit of Middle Tennessee Medical Center is completed

Identifier	Return Reference	Explanation
Form 990, Part III	Program Service Accomplishments	Middle Tennessee Medical Center Member of the Nashville Health Ministry of Ascension Health Care of Poor and Community Benefit Plan For Fiscal Year 2010 This plan illustrates the significant degree to which Middle Tennessee Medical Center (MTMC) contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, MTMC continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole The goal of MTMC is to perpetuate the healing mission of the Church MTMC furthers this goal through delivery of patient services, care to the vulnerable populations such as the elderly and indigent, patient education and health awareness programs for the community, and medical research Our concern for all human life and the dignity of each person leads the health ministry to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay Middle Tennessee Medical Center develops a Care of the Poor and Community Benefit Plan annually to focus our charitable, community activities on the needs of the people we serve We seek through action to touch the lives of individuals in our community in a way that is faithful to our healing mission and directly impacts healthy outcomes We assess our communitys needs to identify priorities for the health ministry's service and guide our community outreach initiatives Furthermore, we seek collaborations in order to foster sustainability of our efforts and increase overall impact Finally, we commit the provision of resources to address the priority needs, including financial and human resources This Care of the Poor and Community Benefit Plan is developed through careful discernment and strategic planning of the following groups of MTMC Senior Leadership Team, Mission Integration Committee, and Community Benefit Task Force This process insures the priority Solidarity with the Poor has within the strategic and operational activities of the health ministry, proper alignment with overall Integrated Strategic Operational Financial Plan (ISOFP) of Saint Thomas Health Services and MTMC, and the leadership vision of the Chief Executive Officer and President of MTMC In order to portray the full breadth of our Care of the Poor and Community Benefit Plan, the following information is described below Organizational Commitment to Providing Community Benefit Middle Tennessee Medical Center is a 286-bed private, not-for-profit acute care hospital located in Murfreesboro, Tennessee MTMC is part of Saint Thomas Health Services, the Nashville Health Ministry of Ascension Health, which consists of four hospitals in Middle Tennessee Baptist and Saint Thomas Hospitals in Nashville, Middle Tennessee Medical Center in Murfreesboro, and Hickman Community Hospital in Centerville The hospital serves the city of Murfreesboro, Rutherford County and surrounding constituent counties of Bedford, Cannon, Coffee, and Warren MTMC seeks to improve the physical, mental, social and spiritual health status of the community it serves MTMC's Mission stresses a particular commitment to the poor and vulnerable, seeking to contribute to the greater effectiveness of the community's health safety net to those who are uninsured and under-insured In the spirit of principles adopted by Ascension Health, MTMC has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved As a part of our mission in the community, MTMC recognizes it is necessary to provide care to certain patients at little or no cost We recognize that some of our patients may not have health insurance or may not be able to pay unexpected medical bills As a faith-based organization, we make provisions to offer financial assistance to our patients in need and do this because we believe that every person should get the care they need, regardless of their ability to pay The table below represents FY10 budget projections related to overall charity care and community benefit activities Traditional Charity Care (Category I) - $4,899,000** Unreimbursed Costs of Public Programs (Category II) - $3,876,000** Other Programs for Persons Who Are Poor (Category III) - $621,000* Other Programs for the General Community (Category IV) - $48,500 Unpaid Cost of Medicare Program (Category VI) - $693,000 *This includes resources utilized for the MTMC Dispensary of Hope **Net Costs, Hospital only Uninsured patients are provided a discount from charges of 30% Charity care or financial assistance allowances are granted to patients who qualify for financial assistance The financial assistance standards consider gross income and family size relative to the Poverty Income Guidelines (PIG) published by the Community Services Administration Using these guidelines, full charity care is provided to patients who are 200% of the poverty index or less, a graduated discount scale is used for providing financial assistance to patients at or below 300% of the poverty index Charity care and financial assistance adjustments are available for medically necessary services but not for non-essential services, such as cosmetic services A patient will not be refused medically necessary treatment or services based on their ability to pay for those services These policies and procedures are communicated to patients and families in a variety of ways Pamphlets outlining the financial assistance program are available in the registration area for patients These are reinforced by posters that are prominently displayed throughout the registration area In addition, for all self-pay patients or patients with residual balances on their hospital bill, a Financial Counselor/Representative will initiate a patient advocacy conversation to screen patients to help identify those individuals that might qualify for federal, state, or local program assistance as well as our financial assistance program

Identifier	Return Reference	Explanation
		Major Trends, Needs, and Problems in the Community In order to define and develop targeted outcomes, MTMC conducts a bi-annual community needs assessment This assessment is a collaborative process with the Ascension Health Access Leadership Team in conjunction with Saint Thomas Health Services, the Wellness Council of Rutherford County, the United Way of Rutherford County, Middle Tennessee State University, and the Community Forum of Rutherford County The service area and communities served by Middle Tennessee Medical Center reach out nearly fifty miles from Murfreesboro across Middle Tennessee, 5 counties all together The population of this area is approximately 383,000 with an expected growth rate of 11% over the next five years Over half (60%) of this population resides within Rutherford County The most rapidly growing age group is that of 35-45 year olds, representing 32% of the entire population This age group represents families with young children However, the Census 2000 numbers paint a picture of an increasingly diverse community for Rutherford County - Rutherford County grew by 53 5% between 1990 and 2000, boosted by increases in all minority populations - Non-Hispanic whites account for more than 84 5% of Rutherford County residents African-Americans account for 10% Asian persons make up 1 9%, with an increase of 200% from 1990 Hispanics account for 3%, an increase of over 500% (969 total population to 5, 324) - Over 17,000 persons, or 9% of the population of Rutherford County, live in households where the income level is below the federal poverty level The rate is nearly the same for the youngest and oldest residents 8 9% for children under 18 years of age and 9 4% for those aged 65 and older Within the other 4 counties served by Middle Tennessee Medical Center (many of which represent rural communities), almost 18,000 persons, or an average of 15% of these counties' population live in households where the income level is below the federal poverty level This is a total of 25,000 person or 8% of the total aggregate population of our service area Rutherford County is one of the fastest growing counties in the United States and the City of Murfreesboro in particular A rural atmosphere, a state university, industry, and reputable schools make this an attractive location for families with young children Approximately 26% of the county's population is under the age of 18, nearly 8% are age 65 and older The greatest shortfalls when comparing needs and available services are in the areas of poverty, housing assistance, childcare, family dysfunction, mental illness, and substance abuse Priority challenges for Rutherford County in comparison to other Tennessee counties are high binge drinking rate, high rate of sexually transmitted diseases, relatively high violent crime cases, and high index of air quality cancer risk and hazard There are noted challenges and hardship facing the growing Hispanic/Latino population of Rutherford and surrounding counties Due to the rural and agricultural environment, many Hispanic/Latino persons are illegal immigrants This status and associated concerns make the access and affordability of health care extremely difficult An increased sense of vulnerability and risk accompanies persons seeking healthcare In addition, there is a great demand for interpretative services Overall, the Hispanic/Latino population feels isolated, underserved, and medically challenged Prenatal, OBGyn, and post-natal care are significant areas of need In general, the health of Tennessee's population is poor when compared to other states evaluating overall health risk factors (such as high blood pressure, weight, physical activity, diet/nutrition, smoking, seat belt use, and alcohol consumption), which could help explain why Tennessees cardiovascular disease death rate is the second highest in the nation (Tennessee Health Status Report, 2000) The Community Wellness Council of Rutherford County has identified these top priorities as part of the state's commitment to Healthy People 2010 cardiovascular disease, teen substance abuse, childhood obesity, diabetes, and lack of coordination/duplication of services for children, youth, and families, and sexually transmitted diseases In addition to these identified priorities, the Community Forum noted the following emerging trends, especially in light of current economic challenges - Absence of safety-net for persons post 21 years of age - All agencies experiencing an increase of 120-150% request for services - Unemployed, middle class now accessing services - Increasing trends in number of homelessness, especially teens - Big 8 crime incidents up 4% in immediate MTMC surrounding neighborhoods - Central Middle School notes an increase of students on free/reduce meals from 10% to 62%, increase in ethnic minorities from 7% to 63%, estimated 150 students impacted by homelessness - Murfreesboro Housing Authority has 1,200 families on waiting list for section 8 housing - Expected 7,000-9,000 to be disenrolled from TennCare due to budget crisis - Increase issues with teens at risk for alcohol and drug abuse/dependency, violence, and stress - Department of Children Services for Rutherford County has 140-200 referrals per month, 107 children in foster care - Greenhouse Ministries saw 15,000 visits for services in 2008 - Department of Human Services provided $3M in food stamps in 2008, averaging 150 appointments per day In light of the community needs and asset data referenced above, MTMC's FY10 Care of the Poor and Community Benefit Plan emphasizes the following general arenas of activities - Primary Care - Dental Care - Preventive Health, Wellness, and Drug/Alcohol Prevention - Diabetes and Obesity Education - Prescription Medication Assistance - Community-based Spiritual Care Strategies to Address Identified Needs 1 Access - Improve access to care for the poor and medically underserved by developing and supporting a safety net of services Focus Inpatient and Outpatient Services Provide inpatient and outpatient services to those patients unable to pay MTMC provides services, both inpatient and outpatient, to those patients who are unable to pay Hospital departments donate services to patients and their families in need to facilitate care delivery at the hospital after discharge Examples include free lodging at local hotels, meals for family members, cab fares, and prescription drugs MTMC also provides free services to the uninsured and underinsured under the care of the Primary Care & Hope Clinic of Murfreesboro (such as X-rays, general surgery, and volunteer hours by medical staff) Major Initiatives - Traditional charity care - Donated services by hospital departments - Services to the Primary Care & Hope Clinic of Rutherford County averaging $26,000 monthly in donated services Focus Safety Net for the Uninsured and Underinsured with particular focus upon the Hispanic/Latino Immigrant Population Expand our commitment to care for the uninsured and underinsured Middle Tennessee Medical Center is a member of the Wellness Council of Rutherford County, which is a consortium of private and county agencies who seek to serve through collaborative efforts the pressing health issues facing the larger community and particularly the most vulnerable and needy - the uninsured, underinsured, elderly, and children Major Initiatives - Dispensary of Hope Licensed indigent pharmacy that provides free medication for acute and long-term needs, funded by MTMC ($244,000 annually) In FY10 the MTMC Dispensary of Hope provided 25,277 prescriptions, 10,768 patient visits, $1 5 million dollars in free medications to patients, $3 million dollars in medications to patients through Patient Assistance Programs - The Mobile Health Unit Collaborative Primary Care, Behavioral Health, and preventive health, wellness promotion, and health education initiative comprised of MTMC, Community Anti-Drug Coalition of Rutherford County, Murfreesboro City Schools, Murfreesboro Housing Authority, The Guidance Center of Rutherford County, and Murfreesboro Police Department that targets schools with high free/reduce meal student participation ($50,000 annually) MTMC makes provision of the Mobile Health Unit, underwrites supply costs, assists in fees related to uninsured care, and underwrites the Coordinator of Health Services salary

Identifier	Return Reference	Explanation
		- Primary Care and Hope Clinic MTMC provides $107,000 annually to the Primary Care and Hope Clinic to help fund a nurse practitioner position dedicated to the provision of primary care to the uninsured referred by our Emergency Department This objective is to align with Ascension Health's Outcome Measurement #3 to Demonstrate access and assignment to a Medical Home as evidenced by a documented visit to a Primary Care provider During the operations of this practitioner 949 patients were seen for a total of 1,617 uninsured visits and 788 insured visits, uninsured patients demonstrated 2 9 visits per patient and accounted for 2,500 visits compared to insured patients - Interfaith Dental Clinic The Interfaith Dental Clinic provides dental care for over 1,200 citizens of Rutherford County each year MTMC provides $30,000 annually to help support this effort - Access to Diabetes Education Provision of scholarships to underinsured and uninsured individuals to secure needed diabetes education through the MTMC Diabetes Center ($250,000 annually) This program tracked the following nutritional and biometrics to demonstrate outcomes and effectiveness A1C, Body Mass Index, and Waist Circumference A baseline was established with participants and data gathered every 3 months for one year The following results were achieved A1C decreased by 27 15, BMI decreased by 5 2%, average waist circumferences decreased by 12 2%, and weight decreased by 4% Additionally, the project established education metrics, tracked ED visits occurring after the education and within one year of follow-up along with hospitalizations and readmissions The initial results were knowledge score increased from 6 46 to 8 71 on a 10 point scale, no ED visits at 3 month follow-up, two (20 participants with admission to hospital on initial visit and no admissions noted in 3 month participants, and 32% improvement in the Well-Being Index Baseline (a key indicator of health perception and lifestyle change of the World Health Organization) - Covering the Uninsured Week, provision of health fairs and awareness raising, ($3,000 annually) - Atlas Program - Parents as Teachers Program 2 Collaborations - Increase the effectiveness of community initiatives to impact key areas of need through supportive partnership and organizational leadership Middle Tennessee Medical Center stewards 80 years of service to its communities The history of this leadership has cultivated deep roots and leadership capital We will seek partnerships with local charitable agencies whose work is targeted at identified priority needs, lending to that work greater stability, public awareness, and effective outcomes These four areas have been identified based on community needs assessments - Domestic Violence/Rape Recovery MTMC has lead in the creation of a Sexual Assault Response Team for Rutherford County, comprised of law enforcement, academic, social agencies, and other public collaborators and team members in addition to hospital clinicians We have SANE staff and have become a model demonstration and education center for other health professionals and organizations in Middle Tennessee - Spiritual Care Partnership Initiative Based on needs of community faith congregations, developed a training pilot program to equip local clergy and lay ministers with pastoral and spiritual care skills within a clinical, healthcare setting Special attention is given to bi-vocational, rural, and underserved community persons and congregations ($7,000 annually) - Coordinated for School Health Provide educational resources to support school-based health education and wellness promotion Provide $13,000 grant to Murfreesboro City School and $10,000 grant to Rutherford County School System The Rutherford County Schools utilized BMI (body Mass Index) screenings to identify childhood obesity as a major concern Of their database Smyrna Middle School showed 45% of their students to be either overweight or obese, and 25% obese Smyrna Middle School has an enrollment of 800-900 children As a result the Rutherford County Schools utilized this funding to establish Fitness Friday's along with needed fitness equipment and a Fitness Course - Saint Rose Catholic School provision of $20,000 to assist underprivileged children and children with congenital medical issues with tuition scholarships - Murfreesboro Coalition for the Latino Community MTMC provides representation on this grass-roots community effort to address the complexity of barriers and issues facing persons 3 Community Health - Improve the overall health status by promoting the integration of spirituality, wellness, and healthy living Focus Wellness/Lifestyle Support health management programs aimed at improving health and well-being MTMC is committed to providing educational and wellness opportunities that contribute toward promoting all aspects of health community health, personal health, disease management, and spirituality Our efforts continue to work with individuals and the community to look for ways to improve the health and wellness of the community and to make an impact on the negative health trends in our community Major Initiatives - The MTMC Wellness Center Health Education Program - Congregational Health Ministry initiative with congregations serving impoverished communities and Congregational-based health fairs - Infant Loss Support Group - General Loss Support Group - Stress Management Program - The Saint Claire Retirement Center partnership - Parent and Child Festival - RealLife 55 programs - Bright Beginnings for Grandparents program - Homebound Childbirth Class program - Habitat for Humanity Homeowners Education Program Focus Education/Skill Development Support efforts that address educational and skill development needs that enable people to improve their lives and support a reasonable quality of life Recognizing the challenges faced by the unemployed and working poor of our community, Middle Tennessee Medical Center has developed and supports a variety of programs designed to offer participants opportunities to increase their basic skills for personal growth and better job performance, offer tuition for assistance for GED classes, and provide career services that can help move individuals from jobs with little advancement opportunity to those with higher potential for advancement These efforts include programs aimed at improving the quality of life for individuals in our community as well as our own employees In addition, MTMC supports other community educational programs Major Initiatives - Exchange Club Parenting Center - Job Skills Program - Families First Program - Career Shadowing Program - Boys and Girls Club of Rutherford County - HealthStyles program - Saint Rose of Lima School Corporate Sponsorship - Corporate Connections Academy Program - Corporate sponsor for Holloway High School, alternative school for at-risk teens Focus Community Development Support programs/agencies particularly those that support our clinical areas of focus Cardiac, Emergency Services, Maternal/Child, Orthopedics, Neurosciences, Vascular, Oncology, and Research MTMC also supports community development through membership in a variety of civic organizations and participation in events that benefit not-for-profit organizations serving Murfreesboro and Middle Tennessee, particularly those that share a concern for improving the health of communities In reviewing funding requests, priority has been given to those organizations that support our clinical areas of focus and development Major Initiatives - Variety of corporate sponsorships including American Cancer Society, American Heart Association, March of Dimes, American Diabetes Association, American Red Cross, Special Kids, Department of Children's Services - Support for needed community organizations such as the Primary Care & Hope Clinic of Rutherford County, the Fellowship of Christian Athletes of Rutherford County, and United Way, Boy Scouts, Destination Rutherford, Chamber of Commerce, and the Better Business Bureau

Identifier	Return Reference	Explanation
		Focus MTMC Employee Activities Committee Employees of MTMC are encouraged to offer service to others in a way that supports individual growth, promotes community partnering, and improves the quality of life for all we serve Their volunteer efforts are central to MTMC's support and participation in many of the major initiatives mentioned in this plan They provide the stimulus for many projects and events that contribute toward accomplishing our priorities for the health ministrys service to the poor and the general wellbeing of our community Major Initiatives - Event Sponsorships such as the Foundation 5K and 2 Mile Walk, Relay for Life, March of Dimes Walk, The Heart Walk, Tour de Cure, American Red Cross Blood Drives, the West Main Shelter, Habitat for Humanity work days, Jazz Fest, Child Advocacy Center's Duck Derby, and Kids Expose - Various Community Benefit Events Each year MTMC associates, departmental teams, and divisions identify a target need or organization in the community that provides needed services or programs to vulnerable populations These activities range from fundraising events, drives, walks, service days, and awareness-raising efforts For FY10 MTMC Associates provided over $45,000 in such community benefit activities ($11,700 in salary costs, $1,500 in food costs, $1,000 in room costs, $25,000 in grants, and $6,300 in other costs) 4 Advocacy - Increase awareness of local city and county governmental leaders, boards, and departments of health needs/issues and related concerns that impact healthcare delivery and community wellness and become a more public leader in shaping priorities, local policies/rules, and attitudes Middle Tennessee Medical Center has further identified three crucial issues facing the communities we serve These issues are noted for their potential in addressing underlying structural impediments and representation of a truly systems approach to solving community problems related to healthcare access and delivery MTMCs membership in the Wellness Committee of Rutherford County will be a major arena for action and leadership The two significant issues to be targeted are - Access to Urgent Care - Access to Specialty Care In addition, MTMC will continue to facilitate and host dialogue forums with local faith communities and organizations to discuss the top health concerns of the county, access barriers, and visioning for collaboration to create a more effective healthcare safety net Expanding Awareness, Education, and Health Promotion MTMC believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life MTMC has invested significantly in unique, top quality health education and materials to accomplish its goals including the following programs - Breast Cancer Awareness & Prevention - Diabetes Awareness & Prevention - Awareness and Education on Blood Pressure plus Screening - Understanding Medicare Part D - Childbirth Preparation and Newborn Care Classes - Medical Terminology classes - 55 Alive Mature Driving Courses - Car Seat Safety Classes - Heart Healthy Cooking - Heart Health for Women - Hanging with Dad - Smoking Cessation Course - Infant Loss Support Group - Grief and Loss Support Group - Weight Loss and Weight Health Courses - You and Diabetes - Workplace Spirituality MTMC provides a complete listing of all classes, seminars, and event calendars on its website (www mtmc org) and offers an on-line childbirth preparation and newborn care class Furthermore, there is a provision of links to further on-line research and education of holistic, health-related topics, issues, and concerns In particular, MTMC has teamed up with Discovery Hospital, an easy-to-use web site that contains a vast library of medical information The site allows searches about a specific medical condition or use of Health Tools to check your Body Mass Index or make a risk assessment for a particular disease Medical Education MTMC believes that, in order to provide the best health care to the community, its clinical personnel must receive ongoing medical education including the following - Quarterly Ethics Grand Rounds - Annual Ethics Conference - Critical Care Course - Monthly CMEs - Quarterly Skills Fair Operations and Governance MTMC - operates an emergency room that is open to all persons regardless of ability to pay, - has an open medical staff with privileges available to all qualified physicians in the area, - has a governing body in which independent persons representative of the community comprise a majority, - engages in the training and education of health care professionals, and - participates in Medicaid, Medicare, CHAMPUS, Tricare, and/or other government-sponsored health care programs Patient Services MTMC provides the following in-patient and out-patient medical services to the community -Bariatric Services - Cancer Care - Cardiac Services - Community Education and Outreach - Diagnostic Services - Dispensary of Hope - Emergency Services - Endocrinology - Gastroenterology - General Medicine - General Surgery - Hospital-based services including Anesthesiology, Pathology, and Radiology - Mobile Health Unit Services - Neurosciences - Orthopedic Services - Otolaryngology - Pulmonary Medicine - Rehabilitation Services - Sports Medicine - Urology - Vascular Services - Wellness Center - Women and Childrens Services including Obstetrics, Gynecology, and Neonatology - Wound Care Some of the services listed above operate at a loss in order to ensure that all services are available to meet community health care needs These include - Dispensary of Hope - a state licensed pharmacy which provides free prescription medication assistance - Mobile Health Unit Services - provision of primary care and pediatric health services to the uninsured and underinsured through a community collaboration During the fiscal year ending June 30, 2009, MTMC provided the following volumes of services Discharges - Acute Care - 15,466 Patient Days - Acute Care - 61,188 Newborn Births Newborn Patient Days - 4,643 Emergency Room Visits - 63,127 Surgical Visits - Outpatient- 4,157 Other Outpatient Visits - 71,436

Identifier	Return Reference	Explanation
		FINANCIAL INFORMATION The financial information presented below was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following - Report charity care at cost, not charges - Do not include bad debt, contractual allowances, and quick pay discounts as part of charity care expense - Do not count Medicare shortfall as a community benefit - Report the net expense for community benefit services, i e , the total community benefit expense minus any associated revenue from patients, payers, and other external sources The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health For fiscal year ended June 30, 2010 1) Charity care at cost - $5,823,914 2) Government sponsored health care - net expense - $3,337,513 - Unpaid cost of public indigent care programs (includes Medicaid, SCHIP, other safety net programs, does not include Medicare shortfall) 3) Community Benefit Programs net expense - $320,288 Total - $9,478,715 Note This does not include $35,852 in General Community Benefit programs nor $2,739,811 of Cost of Medicare shortfall Total Revised with these figures would be $12,254,378

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Middle Tennessee Medical Center Inc

Employer identification number
62-0475842

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MTMC Hospitalist Services LLC 400 N Highland Avenue Murfreesboro, TN 37219 62-1792824	Employs Hospitalists	TN			Middle Tennessee Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Baptist Womens Health Center LLC dba the Center for Spinal Surgery 2011 Murphy Avenue Nashville, TN37203 62-1772195	Owns and Operates Specialty Hospital	TN	N/A								
Middle Tennessee Imaging LLC 400 N Highland Avenue Murfreesboro, TN37219 01-0570490	Diagnostic Imaging Center	TN	Middle Tennessee Medical Center Inc	Related				No			No
Murfereesboro Diagnostic Imaging LLC 400 N Highland Avenue Murfreesboro, TN37219 20-0291952	Diagnostic Imaging Center	TN	Middle Tennessee Medical Center Inc	Related				No			No
Nashville Diagnostic Imaging LLC 30 Burton Hills Blvd Ste 165 Nashville, TN37215	Inactive	TN	N/A								
STHS Sleep Center LLC 618 Church Street Suite 520 Nashville, TN37219 20-3664894	Operates a Sleep Center	TN	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ascension Health PO Box 45998 St Louis, MO 63134 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A
Saint Thomas Health Services 4220 Harding Road Nashville, TN 37205 58-1716804	Health System Parent Company	TN	Section 501(c)(3)	schedule A, Line 11c	Ascension Health
Baptist Health Care Affiliates Inc 2000 Church Street Nashville, TN 37236 58-1509251	Community Health Promotion	TN	Section 501(c)(3)	Schedule A, Line 11a	Seton Corporation
Baptist Healthcare Group 2000 Church Street Nashville, TN 37236 62-1529858	Healthcare Provider	TN	Section 501(c)(3)	Schedule A, Line 3	Seton Corporation
Baptist Saint Thomas Home Care 2000 Church Street Nashville, TN 37236 51-0172298	Home Health Care	TN	Section 501(c)(3)	Schedule A, Line 9	Seton Corporation
Hickman Community Health Care Services Inc 135 East Swann Centerville, TN 37033 58-1737573	Hospital	TN	Section 501(c)(3)	Schedule A, Line 3	Baptist Health Care Affiliates Inc
Hickman Community Home Care Inc 135 East Swan St Centerville, TN 37033 62-1836937	Home Health Care	TN	Section 501(c)(3)	Schedule A, Line 9	Hickman Community Health Care Services Inc
Middle Tennessee Medical Center Development Foundation 400 N Highland Avenue Murfreesboro, TN 37219 62-1167917	Foundation	TN	Section 501(c)(3)	Schedule A, Line 11a	Middle Tennessee Medical Center Inc
Saint Thomas Health Services Fund fka St Thomas Foundation 4220 Harding Road Nashville, TN 37205 58-1663055	Operates Foundation	TN	Section 501(c)(3)	Schedule A, Line 7	Saint Thomas Network
Saint Thomas Network 4220 Harding Road Nashville, TN 37205 62-1284994	Health Investment Entity	TN	Section 501(c)(3)	Schedule A, Line 9	Saint Thomas Health Services
Seton Corporation 4220 Harding Road Nashville, TN 37205 62-1869474	Acute Care Hospital	TN	Section 501(c)(3)	Schedule A, Line 3	Saint Thomas Health Services
St Thomas Hospital 4220 Harding Road Nashville, TN 37205 62-0347580	Hospital	TN	Section 501(c)(3)	Schedule A, Line 3	Saint Thomas Health Services

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Mid-State Properties Inc 2000 Church Street Nashville, TN 37236 62-1232018	Pharmacy	TN	N/A	C			
Sova Inc 102 Woodmont Blvd Suite 700 Nashville, TN 37205 26-1319638	Health Services	TN	N/A	C			
Vincentian Ventures Inc 4220 Harding Road Nashville, TN 37205 62-1331896	Health Services	TN	N/A	C			
Comp Plus Inc 2000 Church Street Nashville, TN 37236 62-1626010	Healthcare	TN	N/A	C			
Manaco Management Services Inc 400 North Highland Avenue Murfreesboro, TN 37130 62-1718479	Health Services	TN	Middle Tennessee Medical Center	C			100 000 %
St Thomas Medical Clinic 4220 Harding Road Nashville, TN 37205 62-1583605	Health Services	TN	N/A	C			
Baptist Health Care Ventures Inc 2000 Church Street Nashville, TN 37236 62-0469214	Holding Company	TN	N/A	C			
Middle Tennessee Network Inc 2000 Church Street Nashville, TN 37236 62-1570989	Health Services	TN	N/A	C			
Health Net Reserve Inc 44 Vantage Way Suite 300 Nashville, TN 37202 62-1540604	Health Management	TN	N/A	C			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Middle Tennessee Imaging LLC	A	25,888
(2)	Murfereesboro Diagnostic Imaging LLC	K	205,602
(3)	Saint Thomas Hospital	O	5,175,901
(4)	Saint Thomas Hospital	P	76,779
(5)	Middle Tennessee Medical Center Development Foundation	C	275,917
(6)	Middle Tennessee Imaging LLC	D	258,066
(7)	Middle Tennessee Imaging LLC	N	553,817
(8)	Murfereesboro Diagnostic Imaging LLC	N	614,366

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gordon Ferguson President/CEO	40 00	X		X				0	434,721	25,389
Matt Murfree Chairman	1 00	X		X				0	0	0
Lee Moss Vice Chairman	1 00	X		X				0	0	0
George White Secretary	1 00	X		X				0	0	0
Emil Hassan Treasurer	1 00	X		X				0	0	0
Sumner Bouldin Jr Board Member	1 00	X						0	0	0
Debbie Cope Board Member	1 00	X						0	0	0
H Eugene Cotey Board Member	1 00	X						0	0	0
Robert Dray Board Member	1 00	X						0	0	0
Bill Huddleston Board Member	1 00	X						0	0	0
Bill Jones Board Member	1 00	X						0	0	0
Ben Kimbrough Board Member	1 00	X						0	0	0
Sr Mary Frances Loftin Board Member	1 00	X						0	0	0
Patty Marschel Board Member	1 00	X						0	0	0
Mary Moss Board Member	1 00	X						0	0	0
Tom Provow Board Member	1 00	X						0	0	0
Davis Young Board Member	1 00	X						0	0	0
William Brown Chief Medical Officer	40 00				X			309,315	0	19,402
Martha Tolbert VP Finance	40 00				X			239,839	0	16,630
Michael Bratton Chief Nursing Officer	40 00				X			203,848	0	17,694
Ryan Simpson VP Operations	40 00				X			179,560	0	21,168
Muhammed Akmal Physician	40 00					X		375,915	0	15,750
Sheila Pertiller Physician	40 00					X		270,702	0	10,162
Nicholas Dieringer Physician	40 00					X		258,713	0	20,372
Sally Bullock Physician	40 00					X		260,059	0	5,218

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bhavana Nair Physician	40 00					X		235,998	0	20,550

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Service Rev	621,400	213,499,883	213,499,883		
Investment - JV's	621,400	783,986	783,986		
Reference Lab	621,500	280,520		280,520	
Rental Income-Related	531,120	61,902	61,902		
Hospital Ed Seminars	624,190	16,759	16,759		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	29,459,815	29,459,815	0	0
Bad Debt Expense	24,426,045	24,426,045	0	0
Other Professional Fees	3,729,780	3,356,802	372,978	0
Equip Rental & Maint	3,260,695	3,260,695	0	0
Consulting Fees	1,289,262	1,289,262	0	0

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The amount of bad debt expense reported on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, column (f) is $24,426,045

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The provision for bad debts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of allowance for uncollectible accounts based upon historical write off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the organization follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the organization Accounts receivable are written off after collection efforts have been followed in accordance with the Organization's policies

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance If a patient qualifies for charity or financial assistance certain collection practices do not apply

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Our community needs assessment is conducted every 3 years, most recently completed in January 2010 The assessment was a collaborative effort across the facilities of Saint Thomas Health Services including Middle Tennessee Medical Center to provide a comprehensive review of available data and studies around demographic trends, socioeconomic and health status indicators, maternal and infant health issues, major disease prevalence, and health resource utilization and needs It consists of a compilation of public health data as well as the results of a study of the safety net providers in Nashville that included focus groups of 67 key community informants The assessment is focused on the counties in which STHS hospitals are located and helps provide focus and direction for our collective efforts to be responsive to the key health concerns and needs of the communities we serve

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Education of eligibility for assistance at MTMC begins at registration with signage displayed at all reistration points notifying patients that we have a Financial Assistance program, as well as contact information for the patient to use should they need assistance Brochures containing this information are also available for patients at all registration points MTMC registration associates discuss the estimated balance that will be due with both insured and self-pay patients Should the associate identify that the patient may need assistance with that balance he/she will provide the patient with a Financial Assistance application and help them complete it, if needed All self-pay and underinsured patients are screened by MTMC for alternative coverage including Medicaid, SSI/SSD, Cobra, student coverage, and crime victims' compensation If no alternative is identified then an associate will work with the patient to complete a Financial Assistance application Also, contact information is listed on MTMC billing statements for the patient to use in the event they need assistance with their balances Collections associates have been trained to offer patients a Financial Assistance application if needed by the patient MTMC works with third party collection vendors who are required to follow the hospital's Financial Assistance policy Third party vendors are also used to perform "charity scoring", a process that screens incomplete Financial Assistance applications to qualify patients for presumptive charity

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Located in Murfreesboro, Tennessee, Middle Tennessee Medical Center (MTMC) primarily serves residents of Rutherford County and secondarily four counties (Bedford, Cannon, Coffee, and Warren) located southeast of Rutherford County MTMC is one of two hospitals in Rutherford County with a population of 259,317 that is expected to grow by 15% over the next five years In this suburban county located southeast of Nashville (Davidson County), 10 2% of the population of the county lives below the poverty level, the median household income is $54,335, and the racial mix is predominately Caucasian (77%) followed by 12% African-American, 6% Hispanic 3% Asian, and 2% other categories The Secondary Service Area has a population of 159,000 with expected modest growth of 4 7% over the next 5 years Overall, Tennessee residents are rated less healthy than national averages with unfavorable rankings for death rates for cancer, diabetes, heart disease and stroke and unfavorable rankings for risk factors In fiscal year 2010, MTMC served 14,600 inpatients and provided $19 2 million in traditional charity care, unpaid cost of public programs and other community programs and services

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Middle Tennessee Medical Center provided the following community building activities in 2010 -MTMC Mobile Health Unit Collaborative with Murfreesboro City Schools, The Guidance Center of Rutherford County, Primary Care & Hope Clinic, and Adopt-a-Street Church Coalition, Murfreesboro Housing Authority, and Murfreesboro Police Department to provide pediatric, women's, behavioral health, and preventive health services to at-risk-communities This effort has enabled 100% immunization and exam compliance and led to greater access to health services and social resources -Domestic Violence/Rape Recovery MTMC has led in the creation of a Sexual Assault Response Team for Rutherford County, comprised of law enforcement, academic, social agencies, and other public collaborators and team members in addition to hospital clinicians We have a Sexual Assault Nurse Examiner (SANE) staff and have become a model demonstration and education center for other health professionals and organizations in Middle Tennessee -Community-based Spiritual Care Partnership Program Collaborated with four faith congregations in the provision of advance training in the provision of spiritual care for bi-vocational and lay persons This program equipped 7 persons to serve in their congregation's outreach ministry efforts to nursing homes, home-bound parishoners, homeless shelters, etc -Health Education Programs and Screenings monthly and quarterly provision of health screenings, CPR and first aide training, nutrition, and other topics to address overall health needs of communities These programs are conducted by MTMC's Wellness Center, Mobile Health Unit Collaborative, and Education -Prescription Medication Assistance the Dispensary of Hope is a licensed pharmacy that provides free acute prescription medication assistance and long-term medication Patient Assistance Programs to uninsured persons The MTMC Dispensary of Hope provided 25,277 prescriptions, 10,768 patient visits, $1 5 million dollars in free medications to patients, $3 million dollars in medications to patients through Patient Assistance Programs -Diabetes Education provision of $250,000 to assist persons to secure needed diabetes education and disease management This program tracked the following nutritional and biometrics to demonstrate outcomes and effectiveness A1C, Body Mass Index, and Waist Circumference A baseline was established with participants and data gathered every 3 months for one year The following results were achieved A1C decreased by 27 15, BMI decreased by 5 2%, average waist circumferences decreased by 12 2%, and weight decreased by 4% Additionally, the project established education metrics, tracked ED visits occurring after the education and within one year of follow-up along with hospitalizations and readmissions The initial results were knowledge score increased from 6 46 to 8 71 on a 10 point scale, no ED visits at 3 month follow-up, two (20 participants) with admission to hospital on initial visit and no admissions noted in 3 month participants, and 32% improvement in the Well-Being Index Baseline (a key indicator of health perception and lifestyle change of the World Health Organization) -Coordinated for School Health Provide educational resources to support school-based health education and wellness promotion Provided $13,000 grant to Murfreesboro City School and $10,000 grant to Rutherford County School System The Rutherford County Schools utilized BMI (body Mass Index) screenings to identify childhood obesity as a major concern Of their database Smyrna Middle School showed 45% of their students to be either overweight or obese, and 25% obese Smyrna Middle School has an enrollment of 800-900 children As a result the Rutherford County Schools utilized this funding to establish Fitness Fridays along with needed fitness equipment and a Fitness Course -Murfreesboro Coalition for the Latino Community MTMC provides representation on this grass-roots community effort to address the complexity of barriers and issues facing persons -Primary Care and Hope Clinic MTMC provides $107,000 annually to the Primary Care and Hope Clinic to help fund a nurse practitioner position dedicated to the provision of primary care to the uninsured referred by our Emergency Department This objective is to align with Ascension Health's Outcome Measurement #3 to "Demonstrate access and assignment to a Medical Home as evidenced by a documented visit to a Primary Care provider" During the operations of this practitioner 949 patients were seen for a total of 1,617 uninsured visits and 788 insured visits, uninsured patients demonstrated 2 9 visits per patient and accounted for 2,500 visits compared to insured patients

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Middle Tennessee Medical Center provides a wide variety of benefits to the community such as grief counseling for patients and families, pastoral care, space for community groups to use at no charge, a comprehensive and interactive website for health information and educational resources, and palliative care program and education MTMC has collaborated with the local county health department, primary care providers to the under-served and uninsured, charity organizations, and social service agencies to promote greater effectiveness and collaboration of services and outcomes for persons served Such collaborative leadership has led to greater access to health care and social service resources, minimizing duplication of services, advancing better coordination and navigation of care, and sustainable benefits In addition to health screenings, crisis intervention, disaster readiness and relief, and health education programs, Middle Tennessee Medical Center has aided faith communities to develop congregational health ministries to help address the health and prevention needs of its memberships and communities served Furthermore MTMC provides such programs as Stress Management Program, The Saint Claire Retirement Center partnership, Parent and Child Festival, RealLife 55 programs, Bright Beginnings for Grandparents program, and Homebound Childbirth Class program MTMC also supports community development through membership in a variety of civic organizations and participation in events that benefit not-for-profit organizations serving Murfreesboro and Middle Tennessee, particularly those that share a concern for improving the health of communities Such organizations include the American Cancer Society, American Heart Association, March of Dimes, American Diabetes Association, and the American Red Cross MTMC provides further support to needed programs and organizations that advocate and serve the most vulnerable of the community Domestic Violence Program, Crisis Pregnancy Center, Special Kids, and the Child's Advocacy Center MTMC is also vested in helping to bring charitable dental services to the community through its financial support and collaborative participation and advocacy with the Interfaith Dental Clinic of Nashville, Tennessee

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 Middle Tennessee Medical Center is part of the Nashville Health Ministry of Ascension Health, the largest Catholic and not-for-profit health system in the United States and is known locally as Saint Thomas Health Services (STHS) STHS is dedicated to providing accessible, quality healthcare to all patients regardless of their ability to pay STHS owns and operates 4 hospitals in Middle Tennessee including Baptist Hospital and Saint Thomas Hospital in Nashville, Middle Tennessee Medical Center in Murfreesboro, and Hickman Community Hospital in Centerville In addition, STHS provides a variety of ambulatory services through the operation of an urgent care center and community primary care clinics, employment and close alignment with physicians, and partnerships to provide diagnostic imaging, sleep lab, and ambulatory surgery services As a system, STHS support a variety of efforts specifically aimed at providing services for persons who are poor, vulnerable or uninsured that include focused medical mission events in low income communities (where associates volunteer their time to provide direct healthcare services), primary care clinics that provided 49,000 patient encounters in the last year, and a national distribution center and pharmacy to support a network of dispensing sites and direct-to-patient prescription solutions that provided $5 6 million in available medications for patients unable to afford their prescriptions STHS actively advocates for healthcare access and coverage for all through ongoing meetings with elected officials (State, Local, and Federal levels) and sponsorship of community events and presentations to increase awareness and educate the public regarding healthcare reform and access STHS helped to form the Safety Net Consortium of Middle Tennessee to address the needs of the uninsured residents of Middle Tennessee Saint Thomas Health Services Fund serves as the legal and fiduciary agent to the Consortium The Consortium is governed by a Board of Directors comprised of health care providers and consumer organization members that serve the poor and uninsured STHS System wide, for fiscal year 2010, STHS provided more than $50 million in traditional charity care, unpaid cost of public programs and other community programs and services