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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)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010										
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.	C Name of organization TALLAHASSEE MEMORIAL HEALTHCARE INC					D Employer identification number 59-1917016		
			Doing Business As					E Telephone number (850) 431-5238		
			Number and street (or P O box if mail is not delivered to street address) 1300 MICCOSUKEE ROAD				Room/suite	G Gross receipts \$ 523,990,239		
			City or town, state or country, and ZIP + 4 TALLAHASSEE, FL 323085054							
		F Name and address of principal officer WILLIAM GIUDICE CFO 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308					H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
							H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
							H(c) Group exemption number ▶			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
J Website: ▶ www.tmh.org										
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					L Year of formation 1976		M State of legal domicile FL			







Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TALLAHASSEE MEMORIAL HEALTHCARE, INC IS A PRIVATE 770-BED COMMUNITY HEALTH CARE SYSTEM THAT PROVIDES CHARITABLE, COMPASSIONATE, LEADING- EDGE, PATIENT-CENTERED HEALTH CARE FOR ALL	
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5	Total number of employees (Part V, line 2a)	5 4,400
	6	Total number of volunteers (estimate if necessary)	6 600
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 1,407,231
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 1,107,340

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,621,125	2,466,656
	9 Program service revenue (Part VIII, line 2g)	313,654,876	342,408,202
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,197,664	300,614
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,404,510	131,369,594
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	435,878,175	476,545,066
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	186,284,140	205,822,631
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	224,897,328	223,856,072
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	411,181,468	429,678,703
	19 Revenue less expenses Subtract line 18 from line 12	24,696,707	46,866,363
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	378,729,285	438,478,290
	21 Total liabilities (Part X, line 26)	342,508,993	370,703,085
	22 Net assets or fund balances Subtract line 21 from line 20	36,220,292	67,775,205

Part II	Signature Block
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<div> <div>Sign Here</div> </div>	<div> <div>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</div> </div>	
	<div>Signature of officer</div>	<div>2011-08-10</div> <div>Date</div>
	<div> <div>WILLIAM GIUDICE CFO</div> <div>Type or print name and title</div> </div>	

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed  	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 	PricewaterhouseCoopers LLP			EIN 
		2001 MARKET ST SUITE 1700			Phone no  (267) 330-3000
PHILADELPHIA, PA 19103					

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

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, line 10? 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	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	238	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,409	
	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)			
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: <input type="text"/> 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	14	
b	Enter the number of voting members that are independent . . .	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ WILLIAM A GIUDICE CFO 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 (850) 431-5238

1b Total	5,148,881	0	449,260
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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

131

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PENNINGTON MOORE WILKINSON BELL D 215 SOUTH MONROE STREET 2ND FLOOR TALLAHASSEE, FL 32308	LEGAL SERVICES	2,358,541
PETER MITCHELL ASSOCIATES 1311 EAST 7TH AVENUE TALLAHASSEE, FL 32303	PUBLIC RELATIONS	1,135,769
CROTHALL SERVICES GROUP 955 CHESTERBROOK BLVD SUITE 300 WAYNE, PA 19087	ENVIRONMENTAL SVCS	1,089,372
SHIFTWISE PO BOX 70870 ST PAUL, MN 551709705	TEMPORARY STAFFING	963,617
HOSPITAL INPATIENT SERVICES PO BOX 671042 DALLAS, TX 752671042	COLLECTION SERVICES	927,687

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

37

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	884,264			
	e	Government grants (contributions)	1e	1,033,627			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	548,765			
	g	Noncash contributions included in lines 1a-1f \$ 69,969					
	h	Total. Add lines 1a-1f		2,466,656			
Program Service Revenue	2a	PATIENT SERVICE REVENUES	Business Code 622,110	342,408,202	341,937,338	470,864	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		342,408,202			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		625,915		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real 4,165,742	(ii) Personal			
b		Less rental expenses	4,564,641				
c		Rental income or (loss)	-398,899				
d		Net rental income or (loss)		-398,899		936,371	-1,335,270
7a		Gross amount from sales of assets other than inventory	(i) Securities 20,390,187	(ii) O ther 240,965			
b		Less cost or other basis and sales expenses	20,275,073	681,380			
c		Gain or (loss)	115,114	-440,415			
d		Net gain or (loss)		-325,301			-325,301
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 . .		0			
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 . .		0			
10a		Gross sales of inventory, less returns and allowances	a	150,556,118			
b		Less cost of goods sold . . .	b	21,924,079			
c		Net income or (loss) from sales of inventory . .		128,632,039			128,632,039
Miscellaneous Revenue		Business Code					
11a	VENDOR REBATES	900,099	2,286,812	2,286,812			
b	PARKING DECK	900,099	555,452	555,452			
c	MISCELLANEOUS REVENUE	900,099	132,632	132,632			
d	All other revenue		161,558	161,558			
e	Total. Add lines 11a-11d		3,136,454				
12	Total revenue. See Instructions		476,545,066	345,073,792	1,407,235	127,597,383	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,243,007	2,727,113	515,894	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	161,150,322	143,429,331	17,720,991	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,059,821	16,073,862	1,985,959	0
9	Other employee benefits	11,700,411	10,413,768	1,286,643	0
10	Payroll taxes	11,669,070	10,385,874	1,283,196	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	4,749,980	3,074,589	1,675,391	0
c	Accounting	766,490	0	766,490	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	9,591,849	8,923,781	668,068	0
12	Advertising and promotion	1,208,596	0	1,208,596	0
13	Office expenses	14,916,834	13,150,943	1,765,891	0
14	Information technology	6,736,258	5,252,819	1,483,439	0
15	Royalties	0			
16	Occupancy	8,818,677	6,830,080	1,988,597	0
17	Travel	1,414,851	849,169	565,682	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	910,812	430,697	480,115	0
20	Interest	8,142,376	8,142,376	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,344,865	12,904,604	2,440,261	0
23	Insurance	5,719,480	5,393,619	325,861	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROVISION FOR BAD DEBTS	65,972,065	65,972,065	0	0
b	PATIENT EXPENSES	59,203,645	59,203,645	0	0
c	SERVICE MAINTENANCE	9,495,908	6,130,056	3,365,852	0
d	INDIGENT CARE ASSESSMENT	4,390,628	4,390,628	0	0
e	PATIENT FOOD	2,733,439	2,731,543	1,896	0
f	All other expenses	3,739,319	1,037,525	2,701,794	0
25	Total functional expenses. Add lines 1 through 24f	429,678,703	387,448,087	42,230,616	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			101,093,491	2	130,836,792
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			36,366,524	4	38,758,546
	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				7	
	8	Inventories for sale or use			6,146,076	8	6,576,423
	9	Prepaid expenses and deferred charges			4,681,748	9	6,384,898
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	429,133,603	189,493,533	10c	209,859,522
	b	Less accumulated depreciation	10b	219,274,081			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			984,800	12	984,800
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			39,963,113	15	45,077,309
	16	Total assets. Add lines 1 through 15 (must equal line 34)			378,729,285	16	438,478,290
Liabilities	17	Accounts payable and accrued expenses			42,203,437	17	54,237,885
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			129,752,555	20	125,579,337
	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			3,291,152	23	13,533,415
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			167,261,849	25	177,352,448
	26	Total liabilities. Add lines 17 through 25			342,508,993	26	370,703,085
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			36,220,292	27	67,775,205
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			36,220,292	33	67,775,205
	34	Total liabilities and net assets/fund balances			378,729,285	34	438,478,290

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?		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 . . .		

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
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number
59-1917016

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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

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 TALLAHASSEE MEMORIAL HEALTHCARE INC	Employer identification number 59-1917016
---	--

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)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		76,750	76,750												
c Total lobbying expenditures (add lines 1a and 1b)		76,750	76,750												
d Other exempt purpose expenditures		429,601,953	431,504,851												
e Total exempt purpose expenditures (add lines 1c and 1d)		429,678,703	431,581,601												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	32,756	24,670	41,190	76,750	175,366
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

Part III-A

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

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 TALLAHASSEE MEMORIAL HEALTHCARE INC	Employer identification number 59-1917016
---	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
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	
	<div>Yes</div> <div>No</div>	

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)											
	<div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div>	<div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Preservation of a certified historic structure</div></div>										
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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?											
	<div>Yes</div> <div>No</div>											
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)?											
	<div>Yes</div> <div>No</div>											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		10,508,556		10,508,556
b Buildings		234,586,335	109,545,732	125,040,603
c Leasehold improvements		2,836,971	0	2,836,971
d Equipment		164,845,186	109,728,349	55,116,837
e Other		16,356,555	0	16,356,555
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				209,859,522

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)	1476,545,066
2	Total expenses (Form 990, Part IX, column (A), line 25)	2429,678,703
3	Excess or (deficit) for the year Subtract line 2 from line 1	346,866,363
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	8-15,311,450
9	Total adjustments (net) Add lines 4 - 8	9-15,311,450
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1031,554,913

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1481,339,372
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d4,794,306	
e	Add lines 2a through 2d2e	4,794,306
3	Subtract line 2e from line 13	3476,545,066
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	5476,545,066

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1449,784,459
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d20,105,756	
e	Add lines 2a through 2d2e	20,105,756
3	Subtract line 2e from line 13	3429,678,703
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5429,678,703

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
SUPPLEMENTAL INFORMATION		DETAIL OF OTHER CHANGES IN NET ASSETS SCHEDULE D, PART XI, LINE 8 Change in Additional Min Pension Liability \$(12,339,180) Change in FMV of derivative Instrument (1,201,775) Other Changes in Net Assets (1,770,495) ----- ----- TOTAL \$(15,311,450) ----- DETAIL OF OTHER CHANGES IN REVENUE SCHEDULE D, PART XII, LINE 2D Change in Additional Min Pension Liability \$(12,339,180) Change in FMV of derivative Instrument (1,201,775) Auxiliary expenses (691,081) Auxiliary COGS 454,079 Central Service COGS 3,302,229 Pharmacy COGS 19,945,130 Lifeline Unit Depreciation 613 Auxillary Depreciation 1,670 Auxillary Elim Entry (4,558) Child Care Revenue (675,090) Vendor Rebates less Phar Rebates (2,286,812) Pharmacy Rebates 59,576 Other Changes in Net Assets (1,770,495) ----- TOTAL \$ (4,794,306) ----- ----- DETAIL OF OTHER CHANGES IN EXPENSES SCHEDULE D, PART XIII, LINE 2D Auxiliary expenses \$ 691,081 Auxiliary COGS (454,079) Central Service COGS (3,302,229) Pharmacy COGS (19,945,130) Lifeline Unit Depreciation (613) Auxillary Depreciation (1,670) Auxillary Elim Entry 4,558 Child Care Revenue 675,090 Vendor Rebates less Phar Rebates 2,286,812 Pharmacy Rebates (59,576) ----- TOTAL \$(20,105,756)

Additional Data

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DEBT RESERVE FUND	16,994,504
DEBT SERVICE FUND	6,604,899
DUE FROM PARENT HOLDING CO	5,536,385
SWAP COLLATERAL	4,830,000
DUE FROM MEDICARE	3,448,845
SELF INSURANCE TRUST FUND	3,395,683
DEPOSITS AND OTHER ASSETS	2,618,778
BOND ISSUE COSTS	1,648,215

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

1 (a) Description of Liability	(b) Amount
MINIMUM PENSION LIABILITY	124,212,522
PROF LIABILITY SELF INSURANCE	29,813,892
DUE TO MEDICARE/MEDICAID	6,441,091
SEPARATION ACCRUAL	4,516,326
SWAP LIABILITY	4,325,922
WORKER'S COMPENSATION SELF INSURANCE	4,099,331
ASSET RETIREMENT OBLIGATION	380,000
AHCA ASSESSMENT	2,426,173
DEFERRED COMP ARRANGEMENT	1,137,191

[illegible]**Schedule F (Form 990) 2009**

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

[illegible]

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

[illegible]

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
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number
59-1917016

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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input checked="" type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input checked="" type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div>	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 eligible 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 Yes	
	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)			17,040,569	0	17,040,569	4 690 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			48,319,237	51,212,631	-2,893,394	0 800 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			65,359,806	51,212,631	14,147,175	3 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			7,018,755	807,479	6,211,276	1 710 %
g Subsidized health services (from Worksheet 6)			18,567,886	13,750,058	4,817,828	1 320 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits			25,586,641	14,557,537	11,029,104	3 030 %
k Total. Add lines 7d and 7j			90,946,447	65,770,168	25,176,279	6 920 %

Part IICommunity 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					
3	Community support		438,877	0	438,877	0 120 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		438,877	0	438,877	0 120 %

Part IIIBad 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	17,051,364
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	3,372,364
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	76,956,291
6	Enter Medicare allowable costs of care relating to payments on line 5	6	79,789,311
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-2,833,020
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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 IVManagement 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				

[illegible]

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 communities served

NOT APPLICABLE

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

FL

Additional Data

Software ID:
Software Version:
EIN: 59-1917016
Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

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

THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS \$65,972,065 FOR THE YEAR ENDED SEPTEMBER 30, 2010. THIS AMOUNT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES REPORTED ON THE SCHEDULE H, PART I, LINE 7 TABLE. THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2.

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

AS A NOT-FOR-PROFIT COMMUNITY HEALTHCARE SYSTEM, TALLAHASSEE MEMORIAL HEALTHCARE, INC ("TMH" OR THE "HOSPITAL") SUBSIDIZES HEALTH SERVICES THAT DO NOT GENERATE A POSITIVE OPERATING MARGIN BUT ARE OFFERED BECAUSE OF A NEED IN THE COMMUNITY DURING FISCAL YEAR 2010, TMH CONTRIBUTED \$4,817,828 IN SUBSIDIZED HEALTH SERVICES IN OUR SERVICE AREA A FEW OF THE SUBSIDIZED SERVICES PROVIDED INCLUDE THE FOLLOWING DIABETES CENTER THE DIABETES CENTER WAS ESTABLISHED AT THE DIRECTION OF LOCAL ENDOCRINOLOGISTS TO IMPROVE THE EDUCATIONAL EXPERIENCE OF PATIENTS FRANKLIN, GADSDEN, AND JEFFERSON COUNTIES' STATISTICS SHOW A HIGHER THAN AVERAGE RATE OF AGE ADJUSTED DEATHS AND AMPUTATIONS FROM DIABETES OUR COMPREHENSIVE OUTPATIENT DIABETES CENTER IS STAFFED WITH NURSES AND DIETITIANS WHO ARE CERTIFIED AS DIABETES EDUCATORS SERVICES OFFERED INCLUDE DIABETES MANAGEMENT CLASSES AND INDIVIDUAL COUNSELING SESSIONS ON A VARIETY OF TOPICS, INCLUDING BLOOD SUGAR TESTING, MANAGING HIGH- AND LOW-BLOOD SUGAR, MAKING HEALTHY FOOD CHOICES, AND INSULIN AND NUTRITION THERAPY DURING 2010, THE DIABETES CENTER OPERATED AT A NET LOSS OF \$608,664 NEUROSCIENCE CENTER THE NEUROSCIENCE CENTER PROVIDES A VARIETY OF SERVICES TO PEOPLE WITH INJURIES AND CONDITIONS AFFECTING THE BRAIN AND NERVOUS SYSTEM AND SERVES AS A CLEARINGHOUSE OF INFORMATION MANY OF THE PROGRAMS OFFERED BY THE NEUROSCIENCE CENTER RECEIVE SOME GOVERNMENT FUNDING AND PRIVATE GRANTS, BUT STILL EXPERIENCE A NET OPERATING LOSS EACH YEAR DURING 2010, THE NET OPERATING LOSS OF THE NEUROSCIENCE CENTER WAS \$389,012 THE MEMORY DISORDER CLINIC IS A PARTNERSHIP BETWEEN TMH, THE ALZHEIMER RESOURCE CENTER, AND RESEARCHERS FROM FLORIDA STATE UNIVERSITY THE CLINIC, WHICH OPENED JULY 1, 1998, WAS AT THAT TIME, ONE OF 13 ACROSS THE STATE BEING FUNDED THROUGH A GRANT FROM THE FLORIDA DEPARTMENT OF ELDER AFFAIRS THE MEMORY DISORDER CLINIC OFFERS FREE PUBLIC SCREENINGS WHERE PEOPLE CONCERNED ABOUT THEIR MEMORY CAN BE SCREENED THE PUBLIC ALSO CAN LEARN HOW TO IMPROVE THEIR MEMORIES BY USING SIMPLE STRATEGIES EXPLAINED AT THE SCREENINGS THE MEMORY DISORDER CLINIC OFFERS A QUARTERLY 8-HOUR TRAINING COURSE FOR CAREGIVERS CALLED "CAREGIVER 101" OTHER PROGRAMS INCLUDE A MONTHLY SUPPORT GROUP FOR CAREGIVERS, ALZHEIMER'S COMFORT PETS CLASSES, CARFIT COMMUNITY PRESENTATIONS, AND MEMORY LOSS/ALZHEIMER'S PRESENTATIONS FOR THE COMMUNITY THE PARKINSON'S CENTER PROVIDES DIAGNOSTIC, CONSULTATIVE AND HIGH-QUALITY PATIENT CARE SERVICES, AS WELL AS EDUCATIONAL CLASSES, CAREGIVER TRAINING, COUNSELING AND ONGOING SUPPORT GROUPS THE CENTER ALSO PARTICIPATES IN ONGOING DATA COLLECTION AND RESEARCH WITH THE NATIONAL PARKINSON FOUNDATION IN MIAMI AND OTHER SATELLITE CENTERS AROUND THE STATE OF FLORIDA RURAL CLINICS AS PART OF OUR COMMITMENT TO PROVIDING ACCESS TO HEALTH CARE IN SURROUNDING RURAL COMMUNITIES, TMH HAS OPENED A FAMILY MEDICINE CLINIC IN PERRY, FLORIDA, AND TALLAHASSEE MEMORIAL CARDIOLOGY SPECIALISTS IN MARIANNA, FLORIDA THE ESTABLISHMENT OF TALLAHASSEE MEMORIAL CARDIOLOGY SPECIALISTS WAS A RESPONSE TO THAT AREA'S GROWING NEED FOR CARDIAC CARE - A RURAL COMMUNITY WITH NO FULL TIME CARDIAC CARE CURRENTLY, TMH OPERATES FIVE FAMILY MEDICINE PRACTICES, WITH 12 PHYSICIANS AND SIX ADVANCED REGISTERED NURSE PRACTITIONERS, THROUGHOUT THE BIG BEND WITH OFFICES LOCATED IN GADSDEN, JEFFERSON, TAYLOR, WAKULLA, AND CALHOUN COUNTIES DURING 2010, THESE CLINICS OPERATED AT A LOSS OF \$1,374,476

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

THE COMPONENTS OF NET PATIENT SERVICE REVENUE FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND 2009 ARE AS FOLLOWS 2010- GROSS PATIENT SERVICE REVENUE \$1,397,969,671, CONTRACTUAL ADJUSTMENTS AND OTHER DEDUCTIONS (907,174,154), NET PATIENT SERVICE REVENUE \$490,795,517 2009- GROSS PATIENT SERVICE REVENUE \$1,247,500,207, CONTRACTUAL ADJUSTMENTS AND OTHER DEDUCTIONS (796,193,014), NET PATIENT SERVICE REVENUE \$451,307,193 NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRDPARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED APPROXIMATELY 90% AND 89% OF THE HOSPITAL'S NET PATIENT ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2010 AND 2009 ARE DUE FROM COMMERCIAL INSURANCE CARRIERS AND GOVERNMENTAL PAYORS, AND THE REMAINDER IS DUE FROM OTHERS WHO RESIDE PRIMARILY IN THE GEOGRAPHICAL AREA IN OR NEAR TALLAHASSEE, FLORIDA PATIENT ACCOUNTS RECEIVABLES ARE STATED AT THEIR ESTIMATED NET REALIZABLE VALUE AS DETERMINED BY MANAGEMENT THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON A COST TO CHARGE RATIO

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

THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON THE HOSPITAL'S MEDICARE COST REPORT FILING FOR THE YEAR CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF TMH AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, TMH PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY TMH TO PROVIDE SUCH SERVICES AS A RESULT, TMH VIEWS ANY SHORTFALL REPORTED IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION

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

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE

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

TMH USES A VARIETY OF ASSESSMENT TOOLS TO DETERMINE THE NEEDS OF ITS COMMUNITY. AMONG THOSE ASSESSMENT TOOLS ARE - COUNTY HEALTH STATUS SUMMARY FROM FLORIDA CHARTS (COMMUNITY HEALTH ASSESSMENT RESOURCE TOOL SET) [HTTP://WWW.FLORIDACHARTS.COM/CHARTS/SPECREPORT.ASPX?REPID=1341](http://www.floridacharts.com/charts/specreport.aspx?repid=1341) - LEON COUNTY HEALTHCARE ADVISORY BOARD - TALLAHASSEE MEMORIAL HEALTHCARE PUBLIC PERCEPTION STUDY - COMMUNITY REQUESTS FOR SERVICES, SUCH AS TRAUMA CENTER, DIABETES CENTER, LIPID CENTER, AND ADDICTION RECOVERY CENTER. FOR INSTANCE, BASED ON THE MOST RECENT PUBLICATIONS FROM THE FLORIDA DEPARTMENT OF HEALTH, LEON COUNTY RANKED IN THE BOTTOM STATE QUARTILE IN THE FOLLOWING HEALTH INDICATORS: STROKE AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED DEATH RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, ADULTS WHO CURRENTLY HAVE ASTHMA, HIV CASES REPORTED, AIDS CASES REPORTED, CHLAMYDIA CASES REPORTED, GONORRHEA CASES REPORTED, INFECTIOUS SYPHILIS CASES REPORTED, AND LOW BIRTH RATE BIRTHS (BIRTHS < 2500 GRAMS), MULTIPLE BIRTHS, AND FETAL DEATH RATIO. GADSDEN COUNTY RANKED IN THE BOTTOM STATE QUARTILES FOR THE FOLLOWING HEALTH INDICATORS: STROKE AGE-ADJUSTED DEATH RATE, COLORECTAL CANCER AGE-ADJUSTED DEATH RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE, ADULTS WHO CURRENTLY HAVE ASTHMA, DIABETES AGE-ADJUSTED DEATH RATE, AMPUTATION DUE TO DIABETES AGE-ADJUSTED HOSPITALIZATION RATE, HIV CASES REPORTED, AIDS CASES REPORTED, HIV/AIDS AGE-ADJUSTED DEATH RATE, CHLAMYDIA CASES REPORTED, TB CASES REPORTED, GONORRHEA CASES REPORTED, INFECTIOUS SYPHILIS CASES REPORTED, LOW BIRTH WEIGHT BIRTHS (BIRTHS < 2500 GRAMS), PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), MULTIPLE BIRTHS, BIRTHS TO TEENS 15-19, INFANT DEATH RATE, NEONATAL DEATH RATE, POST NEONATAL DEATH RATE, AND FETAL DEATH RATIO. WAKULLA COUNTY RANKED IN THE BOTTOM STATE QUARTILE FOR THE FOLLOWING HEALTH INDICATORS: STROKE AGE-ADJUSTED DEATH RATE, LUNG CANCER AGE-ADJUSTED DEATH RATE, ADULTS WHO CURRENTLY HAVE ASTHMA, INFANT DEATH RATE, AND NEONATAL DEATH RATE. FRANKLIN COUNTY RANKED IN THE BOTTOM STATE QUARTILE FOR THE FOLLOWING HEALTH INDICATORS: ADULTS 50 YEARS OF AGE AND OLDER WHO RECEIVED A SIGMOIDOSCOPY OR COLONOSCOPY IN THE PAST FIVE YEARS, BREAST CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE, VACCINE PREVENTABLE DISEASES, EARLY PRENATAL CARE (CARE BEGAN 1ST TRIMESTER), PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), BIRTHS TO TEENS 15-19, FETAL DEATH RATIO, AND KINDERGARTEN CHILDREN FULLY IMMUNIZED.

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

TMH ATTEMPTS TO EDUCATE ALL PATIENTS, OR THEIR GUARANTORS, ABOUT THEIR FINANCIAL RESPONSIBILITY AS WELL AS THEIR OPTIONS AND OPPORTUNITIES FOR ASSISTANCE WITH HOSPITAL BILLS. ALL PATIENTS ARE GIVEN THE OPPORTUNITY TO RECEIVE A GOOD FAITH ESTIMATE OF SERVICES TO BE PROVIDED ALONG WITH INFORMATION ABOUT FINANCIAL ASSISTANCE. SIGNS ARE POSTED IN CENTRAL REGISTRATION, AS WELL AS OTHER ENTRY POINTS IN THE HOSPITAL, PROVIDING PATIENTS WITH A PHONE NUMBER TO CALL FOR THIS INFORMATION. INFORMATION IS ALSO AVAILABLE ON THE TMH WEBSITE AT [HTTP://WWW.TMH.ORG/BODY.CFM?ID=737](http://www.tmh.org/body.cfm?id=737). THOSE PATIENTS WHO ARE UNINSURED ARE ASKED TO COMPLETE A BRIEF APPLICATION FOR FINANCIAL ASSISTANCE. IT IS THROUGH THIS APPLICATION THAT TMH CAN ASSESS THE PATIENT'S NEED FOR FINANCIAL ASSISTANCE OR PROGRAM ELIGIBILITY. A PATIENT MAY BE REFERRED TO A FINANCIAL COUNSELOR OR HOSPITAL INPATIENT SERVICES WHICH IS A CONTRACTED COMPANY THAT PROVIDES MEDICAID ELIGIBILITY SERVICES TO THE HOSPITAL. FOR THOSE WHO DO NOT SPEAK ENGLISH, TRANSLATION SERVICES ARE AVAILABLE. WHEN AN UNINSURED PATIENT PRESENTS IN A NON-EMERGENT SETTING, A FINANCIAL APPLICATION IS COMPLETED AND A MEETING WITH A FINANCIAL COUNSELOR IS SCHEDULED. DURING THIS MEETING, VARIOUS OPTIONS, RANGING FROM VOCATIONAL REHAB TO PAYMENT PLANS BASED ON A SLIDING FEE SCHEDULE, TO REFERRAL TO THE WECARE NETWORK, WHICH OFFERS FREE CARE, ARE EXPLORED. IN THE EVENT THAT THE PATIENT WOULD QUALIFY FOR MEDICAID, A REFERRAL IS MADE TO HOSPITAL INPATIENT SERVICES ("HIS"), AN ELIGIBILITY SPECIALTY SERVICE RETAINED BY TMH. HIS, WORKING WITH A FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES REPRESENTATIVE, ASSISTS PATIENTS IN COMPLETING THE MEDICAID APPLICATION. IF THE PATIENT IS DISABLED, OR GOING TO BE DISABLED FOR AT LEAST A YEAR, HIS WILL ASSIST THE PATIENT IN APPLYING FOR DISABILITY. IF A PATIENT PRESENTS TO THE EMERGENCY ROOM, CARE IS PROVIDED PRIOR TO ASCERTAINING THE PATIENT'S COVERAGE AND/OR ABILITY TO PAY. ONCE THE PATIENT IS STABILIZED, THE STEPS OUTLINED FOR THE NON-EMERGENT SETTING ARE TAKEN. IN THE EVENT THAT A PATIENT DOES NOT QUALIFY FOR ANY PROGRAMS, AND IS UNINSURED, A CHARITY APPLICATION IS COMPLETED. IT IS THROUGH THIS PROCESS THAT A DETERMINATION IS MADE AS TO WHETHER THE PATIENT QUALIFIES FOR CHARITY OR THE SLIDING FEE SCHEDULE. THE HOSPITAL SPONSORED FINANCIAL ASSISTANCE PROGRAM ("FAP") IS AVAILABLE FOR UNINSURED PATIENTS. FAP IS A CHARITY AND SLIDING SCALE DISCOUNT PROGRAM BASED ON THE PATIENT'S FAMILY INCOME. PATIENTS WITH FAMILY INCOMES AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES OR WHO'S CHARGES EXCEED 25% OF THE ANNUAL FAMILY INCOME ARE ELIGIBLE FOR 100% CHARITY OR FREE CARE. PATIENTS WITH FAMILY INCOMES BETWEEN 151% AND 400% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR SLIDING SCALE DISCOUNTS. THESE UNINSURED PATIENTS WILL BE RESPONSIBLE FOR A PERCENT OF HOSPITAL CHARGES DETERMINED BY INCOME AND FAMILY SIZE. THE STATE OF FLORIDA HAS RECOGNIZED THE HIGH LEVEL OF UNCOMPENSATED CARE PROVIDED BY TMH BY DESIGNATING TMH AS A MEDICAID DISPROPORTIONATE SHARE PROVIDER. APPROXIMATELY 3.0% OF TMH'S GROSS REVENUES ARE PROVIDED WITHOUT COMPENSATION TO INDIGENT PATIENTS WITH NO FUNDING SOURCE AND ANOTHER 11% OF THE GROSS REVENUES ARE GENERATED BY SERVICES TO PATIENTS COVERED UNDER THE MEDICAID PROGRAM AND MEDICAID HMOS.

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

TMH IS LOCATED IN TALLAHASSEE, FL, THE CAPITAL OF FLORIDA IN THE HEART OF ITS PANHANDLE WITH A POPULATION OF MORE THAN 274,966, TMH SERVES A TOTAL OF 17 COUNTIES WITH A POPULATION BASE OF 701,465 COVERING 10,700 SQUARE MILES TMH'S PRIMARY SERVICE AREA COVERS TEN COUNTIES IN FLORIDA WHICH INCLUDE CALHOUN, GADSDEN, FRANKLIN, JACKSON, JEFFERSON, LIBERTY, MADISON, TAYLOR, AND WAKULLA THE SEVEN COUNTIES THAT COMPRISE THE GEORGIA SERVICE AREA INCLUDE BROOKS, COLQUITT, DECATUR, GRADY, MITCHELL, SEMINOLE AND THOMAS TMH SERVES A TRULY DIVERSE POPULATION TALLAHASSEE IS ONE OF THE YOUNGEST AND MOST HIGHLY EDUCATED POPULATIONS IN FLORIDA IT IS A POPULATION THAT HAS THE MOST IMMEDIATE ACCESS TO MEDICAL CARE LEON COUNTY HAS THE SECOND HIGHEST PERCENTAGE OF POPULATION BETWEEN THE AGES OF 18 AND 34 IN THE STATE AT 37.2% (BEHIND ALACHUA COUNTY) AND THE SMALLEST PERCENTAGE AGED 65 AND OLDER AT 9.2% (OF COUNTIES WITH A POPULATION GREATER THAN 20,000) THE AREA SURROUNDING TALLAHASSEE IS MOSTLY RURAL, WITH BEAUTIFUL GENTLY ROLLING HILLS AND ACTIVE BEACHES UNFORTUNATELY, MANY OF THESE LESS POPULATED AREAS ARE ALSO MEDICALLY UNDERSERVED DUE TO A SHORTAGE OF HEALTH CARE PROFESSIONALS IN MANY OF THE REGION'S 17 COUNTIES THE HEALTH RESOURCE AND SERVICES ADMINISTRATION (HRSA) HAS DESIGNATED EIGHT OF THESE 17 COUNTIES AS MEDICALLY UNDERSERVED AREAS (MUA) AND SEVEN OF THE 17 COUNTIES CONTAIN MEDICALLY UNDERSERVED POPULATION (MUP) SEGMENTS ALMOST 25% OF THE POPULATION LIVES AT OR BELOW 150% OF THE FEDERAL POVERTY LEVEL, AND ONE IN EIGHT PEOPLE UNDER AGE 65 HAVE NO HEALTH INSURANCE BASED ON ESTIMATES FROM THOMSON REUTERS, THE PERCENTAGE OF UNINSURED ARE AS FOLLOWS LEON - 37%, GADSDEN - 33.8%, WAKULLA - 18.1%, JEFFERSON - 33.2%, CALHOUN - 33.5%, FRANKLIN - 31.5%, JACKSON - 27.8%, LIBERTY - 34%, MADISON - 41.5%, AND TAYLOR 31.2% THE PERCENTAGE OF UNINSURED FOR THE COUNTIES IN GEORGIA ARE BROOKS - 37.1%, COLQUITT - 32.4%, DECATUR - 32.9%, GRADY - 32.7%, MITCHELL - 35.8%, SEMINOLE - 29.7%, AND THOMAS 25.9% BASED ON DATA FROM THOMSON REUTERS, THE PERCENTAGE OF COVERED LIVES THAT ARE ON MEDICAID ARE AS FOLLOWS LEON - 12.1%, GADSDEN - 27.1%, WAKULLA - 11.8%, JEFFERSON - 19.8%, CALHOUN - 21.8%, FRANKLIN - 17.7%, JACKSON - 19.5% , LIBERTY - 22.2%, MADISON - 33.3%, AND TAYLOR - 23.3% THE PERCENTAGE OF COVERED LIVES THAT ARE ON MEDICAID FOR THE COUNTIES IN GEORGIA ARE BROOKS - 30.8%, COLQUITT - 29.5%, DECATUR - 31.3%, GRADY - 26.7%, MITCHELL - 32.1%, SEMINOLE - 34%, AND THOMAS - 23.8% HEALTH BARRIERS ARE NUMEROUS AND HARD TO OVERCOME, BUT TMH IS TACKLING THESE BARRIERS AND STRIVING TO IMPROVE HEALTH CARE

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

TMH COLLEAGUES ARE INVOLVED IN A WIDE VARIETY OF ACTIVITIES AND ESSENTIAL SERVICES TO POSITIVELY AFFECT OUR COMMUNITY'S HEALTH STATUS. PHYSICIANS AND HOSPITAL STAFF CONDUCTED OVER 150 VARIOUS HEALTH SEMINARS, HEALTH SCREENINGS, SUPPORT GROUPS AND HEALTH FAIRS FOR THE PUBLIC THROUGHOUT THE YEAR. IN MOST CASES, THESE ACTIVITIES ARE FREE, OR AT LOW COSTS FOR PARTICIPANTS. EXAMPLES OF SUCH ACTIVITIES INCLUDE SEMINARS HOSTED BY THE WOMEN'S PAVILION, THE DIABETES CENTER, THE NEUROSCIENCE CENTER, THE HEART AND VASCULAR CENTER AND THE BEHAVIORAL HEALTH CENTER. PROSTATE SCREENING: TMH, ALONG WITH SOUTHEASTERN UROLOGICAL CENTER, TEAMED TO OFFER A FREE PROSTATE CANCER SCREENING FOR MORE THAN 700 MEN. PROSTATE CANCER IS THE MOST COMMON CANCER AMONG MEN AND THE SECOND LEADING CAUSE OF DEATH. THE SCREENING EDUCATED MEN ABOUT THE WARNING SIGNS, POTENTIAL CAUSES FOR PROSTATE CANCER AND ENCOURAGED EARLY DETECTION. THE EXAM CONSISTED OF A DRE AND PSA BLOOD TEST. THESE METHODS ARE THE MOST EFFECTIVE FOR DETECTING PROSTATE CANCER AT AN EARLY AND POTENTIALLY CURABLE STAGE.

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

PART III, SECTION A, LINE 1 (BAD DEBT EXPENSE- HFMA No 15) TMH REPORTS BAD DEBT EXPENSE IN ACCORDANCE WITH GAAP AND AICPA GUIDELINES HFMA STATEMENT NO 15 HAS NOT BEEN ADOPTED BY THE AICPA -----
--- PART VI, LINE 6 (DETAIL REGARDING PROMOTION OF THE COMMUNITY'S HEALTH) > EDUCATING FUTURE HEALTH CARE PROVIDERS TMH CONTRIBUTES MILLIONS OF DOLLARS EACH YEAR TO THE CLINICAL EDUCATION OF HEALTH CARE PROFESSIONALS THIS INCLUDE S TRAINING FOR FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE STUDENTS, FLORIDA A&M PHARMACY STUDENTS, HANDS-ON EXPERIENCE FOR NURSES FROM MANY DIFFERENT NURSING SCHOOLS THROUGHOUT N ORTH FLORIDA AND SOUTH GEORGIA, AND CONTINUING MEDICAL EDUCATION FOR PHYSICIANS IN OUR COM MUNITY TMH HAS AWARDED A LAND GRANT TO TALLAHASSEE COMMUNITY COLLEGE AS PART OF ITS PLAN TO DEVELOP A HEALTH EDUCATION PARTNERSHIP CAMPUS ON A PORTION OF THE 81 4 ACRES OF UNDEVEL OPED LAND IT OWNS BEHIND THE HOSPITAL PLANS CALL FOR THE ESTIMATED 60,000 SQUARE-FOOT CEN TER TO HOUSE CLASSROOMS, LABORATORY SPACE, SIMULATED ENVIRONMENTS AND ADMINISTRATIVE OFFIC ES FOR ALL OF TCC'S HEALTH CARE PROGRAMS, INCLUDING NURSING, RESPIRATORY CARE, RADIOLOGY T ECHNOLOGY, EMERGENCY MEDICAL SERVICES TECHNOLOGY AND ITS DENTAL HYGIENE AND DENTAL ASSISTA NT PROGRAMS ONE OF TMH'S MOST SIGNIFICANT CONTRIBUTIONS TO THE EDUCATION FOR HEALTH CARE PROFESSIONALS IS THE TALLAHASSEE MEMORIAL FAMILY MEDICINE RESIDENCY PROGRAM, WHICH TRAINS PHYSICIANS WHO HAVE GRADUATED FROM MEDICAL SCHOOL IN THE SPECIALTY OF FAMILY MEDICINE THE FAMILY MEDICINE RESIDENCY PROGRAM HAS PRODUCED 301 GRADUATES SINCE ITS INCEPTION IN 1973 OF THOSE, 97 CHOSE TO REMAIN IN TMH'S SERVICE AREA HELPING TO ENSURE ACCESS TO PRIMARY HE ALTH CARE OF RESIDENTS OF THE BIG BEND DURING 2010, THE FAMILY MEDICINE RESIDENCY PROGRAM OPERATED AT A NET LOSS OF \$6,211,276 NURSING EDUCATION AND ADVANCEMENT ARE A KEY FOCUS THE PROFESSIONAL DEVELOPMENT MODEL MANAGED BY THE PRACTICE COUNCIL PROVIDES NURSES WITH TH E OPPORTUNITY TO EXCEL IN THEIR PROFESSIONAL PRACTICE AND TO ENHANCE PROFESSIONAL RELATION SHIPS BETWEEN NURSES AND OTHER HEALTH CARE PROVIDERS DURING 2010, TMH COLLEAGUES CONTRIBU TED THEIR NURSING EXPERTISE TO MORE THAN 40 DIFFERENT COMMUNITY PROJECTS TMH CREATED, AND IN PART FUNDED, THE NURSING RESEARCH PROGRAM WITHIN THE FLORIDA STATE UNIVERSITY COLLEGE OF NURSING WITH SUPPORT FROM FLORIDA STATE UNIVERSITY AND TMH FOUNDATION, A NURSING RESEA RCH AND MENTORING PROGRAM WAS ESTABLISHED THE PROGRAM UNDERWRITES ROXANNE HAUBER, PHD, RN , A FLORIDA STATE COLLEGE OF NURSING FACULTY MEMBER, WHO ASSISTS IN THE DEVELOPMENT OF NUR SING UNIT-BASED RESEARCH AND EVIDENCED-BASED PRACTICE PROJECTS THE COLLEAGUES OF TMH SERV E AS MENTORS AND EDUCATORS TO HUNDREDS OF COLLEGE AND HIGH SCHOOL STUDENTS MAJORING OR CON SIDERING CAREERS IN HEALTH CARE TMH CURRENTLY HAS 45 AFFILIATION AGREEMENTS WITH HIGH SCH OOLS, UNIVERSITIES AND VOCATIONAL SCHOOLS THROUGHOUT OUR REGION HIGH SCHOOL STUDENTS FROM LEON, CHILES AND LINCOLN HIGH SCHOOLS PARTICIPATED IN THE GIFTED EXTERNSHIP PROGRAM AND WERE PLACED IN DIFFERENT AREAS OF THE HOSPITAL WHERE THEY EXPLORED CAREER OPPORTUNITIES IN HEALTH CARE > BUILDING COMMUNITY PARTNERSHIPS AS PART OF ITS COMMUNITY BENEFIT PROGRAM, T MH AND ITS COLLEAGUES CONTRIBUTE BOTH TIME AND DOLLARS TO A VARIETY OF LOCAL NONPROFIT ORG ANIZATIONS, PARTICULARLY THOSE WHOSE MISSIONS HELP IMPROVE THE HEALTH AND WELFARE OF OUR C OMMUNITY DURING THE 2009-2010 FISCAL YEAR, TMH CONTRIBUTED \$232,677 IN CASH DONATIONS AND IN-KIND DONATIONS, INCLUDING ADMINISTRATIVE SUPPORT, TO APPROXIMATELY 40 DIFFERENT NONPRO FIT ORGANIZATIONS SOME OF THE ORGANIZATIONS WHO BENEFITTED FROM THE GENEROSITY OF TMH COL LEAGUES WERE THE FOLLOWING AMERICAN CANCER SOCIETY AMERICAN HEART ASSOCIATION AMERICAN LU NG ASSOCIATION BIG BEND HOMELESS COALITION BIG BEND HOSPICE, INC BOND COMMUNITY HEALTH CE NTER DOWN'S SYNDROME ASSOCIATION FOUNDATION FOR LEON COUNTY SCHOOLS FSU DANCE MARATHON/CHI LDREN'S MIRACLE NETWORK MARCH OF DIMES MEALS ON WHEELS NATIONAL ALLIANCE OF THE MENTALLY I LL RONALD MCDONALD HOUSE SICKLE CELL FOUNDATION TALLAHASSEE URBAN LEAGUE UNITED WAY OF THE BIG BEND TMH'S LIPID CENTER OFFERS CONSULTATION TO PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS IN THE MANAGEMENT OF COMPLEX LIPID DISORDERS IT IS NOT DESIGNED TO SU BSTITUTE FOR THE PRIMARY CARE PHYSICIAN OR CARDIOLOGIST, BUT TO ASSIST IN THE DIAGNOSIS AN D MANAGEMENT OF DIFFICULT PATIENTS IN ASSOCIATION WITH THE DIABETES CENTER, THE LIPID CEN TER WILL BE ABLE TO DELIVER APPROPRIATE NUTRITIONAL COUNSELING IN HYPERLIPIDEMIA, OBESITY AND DIABETES A STRONG EFFORT WILL BE MADE TO HELP THE PATIENT UNDERSTAND THEIR PROBLEM AN D PARTICIPATE IN THE SOLUTION TMH HAS DEVELOPED A WELL WISE HEALTH IMPROVEMENT PROGRAM T HE WELL WISE HEALTH SCREENING PROGRAM WAS SPECIFICALLY DEVELOPED FOR BUSINESSES AND INDIVI DUALS TO PROVIDE CONVENIENT ACCESS TO HEALTH SCREENINGS HEALTH COUNSELORS PROVIDED CONSUL TATION BASED ON THE INDIVIDUAL'S SCREENING RESULT

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

TMH VOLUNTEERS ARE AN INTEGRAL PART OF THE TEAM OF WORLD-CLASS CAREGIVERS AT TMH. THEY MAKE A DIFFERENCE IN THE PATIENT'S HEALING PROCESS AS THEY PRACTICE EXTRAORDINARY CARE AND DEMONSTRATE THE ICARE VALUES OF INTEGRITY, COMPASSION, ACCOUNTABILITY, RESPECT AND EXCELLENCE EVERY DAY. THIS YEAR, OUR VOLUNTEER PROGRAM INCLUDED OVER 600 MEN, WOMEN, TEENAGERS AND EVEN PETS, EACH OF WHOM MADE A DIFFERENCE IN OUR HOSPITAL THROUGH THEIR GENEROUS DONATION OF TIME AND SERVICES. THESE VOLUNTEERS PROVIDED OVER 84,000 HOURS OF SERVICE TO TMH PATIENTS, FAMILIES AND STAFF. TMH IS MANAGED BY A TEAM OF COMMUNITY CITIZENS WHO VOLUNTEER THEIR TIME AND EXPERTISE WITHOUT COMPENSATION. THE TMH BOARD OF DIRECTORS IS COMMITTED TO ITS COMMUNITY SERVICE MISSION, AND MEMBERS SERVE WITHOUT COMPENSATION. IN RECOGNITION OF ITS WORKPLACE PRACTICES PROMOTING EMPLOYEE WELL-BEING AND ORGANIZATIONAL PERFORMANCE, TMH RECEIVED THE AMERICAN PSYCHOLOGICAL ASSOCIATION'S 2010 PSYCHOLOGICALLY HEALTHY WORKPLACE AWARD AT A CEREMONY IN WASHINGTON, D.C. ONE OF FIVE EMPLOYERS FROM ACROSS NORTH AMERICA TO RECEIVE THE AWARD. THIS YEAR, TMH WON IN THE NOT-FOR-PROFIT CATEGORY. TMH WAS ALSO RECOGNIZED BY APA AS A BEST PRACTICES HONOREE IN THE COLLEAGUE INVOLVEMENT CATEGORY FOR THE CENTRAL ROLE COLLEAGUES PLAYED IN THE CREATION OF NEW VALUES AND MISSION STATEMENTS THAT HELPED CHANGE THE ORGANIZATIONAL CULTURE AND BECAME THE CORE OF A RECOVERY PLAN TO IMPROVE MORALE, REPUTATION AND FINANCIAL VIABILITY. TMH HAD BEEN HONORED WITH THE FLORIDA PSYCHOLOGICAL ASSOCIATION'S PSYCHOLOGICALLY HEALTHY WORKPLACE AWARD IN JULY, QUALIFYING IT TO BE NOMINATED FOR THE APA AWARD. AN ORGANIZATION WITH SUCH HIGH CONCERN FOR THE EMOTIONAL WELL-BEING OF ITS COLLEAGUES ULTIMATELY LEADS TO A HEALTHY FAMILY LIFE, AND A WELL-ADJUSTED COMMUNITY. THE ECONOMIC IMPACT OF THE AREA'S LARGEST PRIVATE BUSINESS IS FAR-REACHING. TMH IS THE BEDROCK OF A LOCAL AND REGIONAL HEALTH CARE ECONOMY THAT GENERATES REVENUES IN EXCESS OF A BILLION DOLLARS ANNUALLY. LIKE A MAGNET, THE HOSPITAL DRAWS PATIENTS AND HEALTH CARE BUSINESSES TO THE COMMUNITY FROM SURROUNDING COUNTIES AND STATES. A DOMINO EFFECT IS CREATED WHEN PATIENTS, VISITORS AND BUSINESSES SPEND IN EXCESS OF \$400 MILLION EACH YEAR IN LEON COUNTY. BESIDES ATTRACTING BUSINESS, THE HOSPITAL SUPPORTS COMMUNITY ENTERPRISES. WITH MORE THAN 3,800 COLLEAGUES, TMH IS LEON COUNTY'S LARGEST PRIVATE EMPLOYER. TMH ALSO RECEIVES SUPPORT FROM ITS FOUNDATION. THE TMH FOUNDATION'S MISSION IS TO DEVELOP PHILANTHROPIC SUPPORT FOR TMH AND TO GENERATE FINANCIAL SUPPORT FOR TMH'S MISSION. THE GOALS OF THE TMH FOUNDATION ARE - PROVIDE INCREASED FUNDING RESOURCES FOR TMH FROM INDIVIDUALS, FOUNDATIONS, CORPORATIONS, BUSINESSES AND PROFESSIONAL PRACTICES - OFFER A BROAD SPECTRUM OF CHARITABLE GIFT PLANNING OPPORTUNITIES AND OPTIONS: CASH, SECURITIES, REAL AND PERSONAL PROPERTY, EMPLOYER MATCHING GIFTS, CORPORATE AND FOUNDATION GRANTS, SPECIAL EVENTS, WILL BEQUESTS, LIVING TRUST CHARITABLE DISTRIBUTIONS, DESIGNATIONS OF RETIREMENT PLAN ASSETS, CHARITABLE LEAD TRUSTS, CHARITABLE REMAINDER TRUSTS, CHARITABLE GIFT ANNUITIES, POOLED INCOME FUND TRUSTS, LIFE INSURANCE POLICIES AND PERSONAL RESIDENCES OR FARMS WITH A RETAINED LIFE ESTATE - SEEK FUNDING AND ADVISORY COLLABORATIONS AND PARTNERSHIPS WITH ENTITIES OF MUTUAL FOCUS AND GOAL. COLLECTIVELY, ALL THESE COMMUNITY BUILDING ACTIVITIES PROVIDE AN IMPORTANT BENEFIT TO FLORIDA'S BIG BEND. THE ENERGY AND RESOURCES COMMITTED BY TMH, AND ITS COLLEAGUES ARE PROOF OF FULFILLMENT OF ITS MISSION WITH CARING HANDS AND HEARTS. WE HONORABLY SERVE OUR COMMUNITY AND MAINTAIN POSITIVE, COLLABORATIVE RELATIONSHIPS BY PROVIDING COMPASSIONATE, LEADING-EDGE, PATIENT-CENTERED HEALTH CARE FOR ALL. WE PURSUE PERFECTION IN A TRUSTING AND LEARNING ENVIRONMENT, THUS ENHANCING THE QUALITY OF LIFE FOR THOSE WE SERVE.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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				
G MARK O'BRYANT	(i) (ii)	505,478 0	129,600 0	41,425 0	214,700 0	7,767 0	898,970 0	0 0
STEVEN ADRIAANSE	(i) (ii)	234,666 0	32,306 0	3,624 0	14,700 0	5,989 0	291,285 0	0 0
WARREN JONES	(i) (ii)	147,403 0	15,957 0	1,960 0	10,254 0	6,163 0	181,737 0	0 0
WILLIAM GIUDICE	(i) (ii)	346,337 0	40,717 0	8,786 0	14,700 0	7,753 0	418,293 0	0 0
BARBARA MACARTHUR	(i) (ii)	200,168 0	22,699 0	784 0	13,509 0	316 0	237,476 0	0 0
CYNTHIA BLAIR	(i) (ii)	172,463 0	16,648 0	784 0	11,394 0	180 0	201,469 0	0 0
PAULA FORTUNAS	(i) (ii)	168,957 0	20,000 0	2,296 0	11,569 0	2,549 0	205,371 0	0 0
JASON H MOORE	(i) (ii)	341,791 0	1,188 0	10 0	5,717 0	7,767 0	356,473 0	0 0
DONALD LINDSEY	(i) (ii)	181,059 0	12,249 0	10 0	7,953 0	7,610 0	208,881 0	0 0
MICHAEL GLAZE MD	(i) (ii)	149,926 0	342,327 0	166 0	14,700 0	6,025 0	513,144 0	0 0
STEPHEN CREMIN MD	(i) (ii)	185,837 0	321,070 0	2,672 0	14,700 0	7,888 0	532,167 0	0 0
WILLIAM MILLER MD	(i) (ii)	213,030 0	342,241 0	1,527 0	14,700 0	180 0	571,678 0	0 0
JOSHUA SIMMONS MD	(i) (ii)	161,020 0	321,418 0	172 0	14,700 0	3,325 0	500,635 0	0 0
JAMES SNYDER MD	(i) (ii)	189,944 0	267,742 0	424 0	14,700 0	7,752 0	480,562 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
COMPENSATION INFORMATION		QUESTIONS REGARDING COMPENSATION FORM 990, SCHEDULE J, PART I, LINE 1A DIRECTORS RECEIVE COMPLIMENTARY ACCESS TO TMH'S HEALTH CLUB, PREMIER HEALTH AND FITNESS CENTER. THE TMH PRESIDENT/CEO IS REIMBURSED FOR ONE COUNTRY CLUB MEMBERSHIP AND RECEIVES A MONTHLY AUTOMOBILE ALLOWANCE. ----- PROVISION OF NON-FIXED PAYMENTS FORM 990, SCHEDULE J, LINE 7 TMH MAINTAINS A VARIABLE COMPENSATION PROGRAM FOR CERTAIN MANAGERS THAT MAKES A BONUS PAYMENT BASED UPON ATTAINMENT OF INDIVIDUAL AND CORPORATE GOALS. INDIVIDUAL GOALS ARE ESTABLISHED AT THE BEGINNING OF THE FISCAL YEAR AND INCLUDE QUALITATIVE AND QUANTITATIVE RESULTS. CORPORATE GOALS ARE ESTABLISHED AT THE BEGINNING OF THE YEAR AND ARE BASED UPON THE BUDGET APPROVED BY THE BOARD OF DIRECTORS. NO PAYMENT IS MADE FOR VARIABLE COMPENSATION PAYMENT UNLESS THE ORGANIZATION MEETS OR EXCEEDS ITS BUDGETED OPERATING MARGIN FOR THE YEAR. UPON DETERMINATION THAT THE ACTUAL OPERATING MARGIN HAS MET OR EXCEEDED THE BUDGET VIA THE AUDITED FINANCIAL STATEMENTS, OTHER INDIVIDUAL AND CORPORATE GOALS ARE SCORED TO DETERMINE IF THEY MET OR EXCEEDED THE PRE-ESTABLISHED MEASUREMENT FOR THE YEAR. THE ACTUAL AMOUNT OF THE BONUS IS BASED UPON AN INDIVIDUAL'S BASE COMPENSATION FOR THE FISCAL YEAR AND THE PERCENTAGE ATTAINMENT OF INDIVIDUAL AND CORPORATE GOALS. PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE TMH COMPENSATION COMMITTEE THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.						OMB No 1545-0047	
							2009	
	Department of the Treasury Internal Revenue Service						Open to Public Inspection	
Name of the organization TALLAHASSEE MEMORIAL HEALTHCARE INC						Employer identification number 59-1917016		

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		600,000								
2 Gross proceeds in reserve funds		0								
3 Proceeds in refunding or defeasance escrows		0								
4 Other unspent proceeds		0								
5 Issuance costs from proceeds		0								
6 Working capital expenditures from proceeds		0								
7 Capital expenditures from proceeds		600,000								
8 Year of substantial completion	2009									
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number
59-1917016

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 59-1917016
Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MOORE BASS CONSULTING INC	SIMILAR DIRECTOR/PARTNER	209,198	CONSULTING SERVICES		No
SOUTHERN MEDICAL GROUP	SIMILAR DIRECTOR/SHARHLDR	1,066,326	RENTAL OF PROPERTY		No
TALLAHASSEE EAR NOSE AND THROAT	SIMILAR DIRECTOR/OFFICER	194,688	RENTAL OF PROPERTY		No
WEEMS LEASING PARTNERSHIP	SIMILAR DIRECTOR/OFFICER	1,071,000	SALE OF PROPERTY		No
AUSLEY MCMULLEN LAW FIRM	SIMILAR DIRECTOR/OFFICER	348,130	PROFESSIONAL SERVICES		No
TIM FORTUNAS	FAMILY MEMBER OF OFFICER	32,396	EMPLOYMENT		No
RICHARD MACARTHUR	FAMILY MEMBER OF OFFICER	244,270	EMPLOYMENT		No
FAITH JONES	FAMILY MEMBER OF OFFICER	97,779	EMPLOYMENT		No
VIVIAN MOORE	FAMILY MEMBER OF OFFICER	93,485	EMPLOYMENT		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number
59-1917016

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>TOYS FOR PEDIATRICS</u>)	X	136	50,789	ACTUAL COST
26 Other ► (<u>EMPLOYEE RECOGNITION MEALS</u>)	X	12	11,704	ACTUAL COST
27 Other ► (<u>WHEELCHAIRS</u>)	X	9	7,476	ACTUAL COST
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization TALLAHASSEE MEMORIAL HEALTHCARE INC	Employer identification number 59-1917016
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Identifier	Return Reference	Explanation
SUPPLEMENTAL DISCLOSURES		<p>SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON THE PRIOR YEAR FORM 990 FORM 990, PART III, LINE 2 AS PART OF OUR COMMITMENT TO PROVIDING ACCESS TO HEALTH CARE IN SURROUNDING RURAL COMMUNITIES, TALLAHASSEE MEMORIAL HEALTHCARE, INC ("TMH") HAS OPENED A FAMILY MEDICINE CLINIC IN PERRY , FLORIDA, AND TALLAHASSEE MEMORIAL CARDIOLOGY SPECIALISTS IN MARIANNA, FLORIDA THE ESTABLISHMENT OF TALLAHASSEE MEMORIAL CARDIOLOGY SPECIALISTS WAS A RESPONSE TO THAT AREA'S GROWING NEED FOR CARDIAC CARE - A RURAL COMMUNITY WITH NO FULL TIME CARDIAC CARE TMH'S LIPID CENTER, WHICH OPENED IN JANUARY , 2010, OFFERS CONSULTATION TO PHY SICIANS, PHY SICIAN ASSISTANTS, AND NURSE PRACTITIONERS IN THE MANAGEMENT OF COMPLEX LIPID DISORDERS IT IS NOT DESIGNED TO SUBSTITUTE FOR THE PRIMARY CARE PHYSICIAN OR CARDIOLOGIST, BUT TO ASSIST IN THE DIAGNOSIS AND MANAGEMENT OF DIFFICULT PATIENTS IN ASSOCIATION WITH THE TALLAHASSEE MEMORIAL DIABETES CENTER, THE LIPID CENTER DELIVERS APPROPRIATE NUTRITIONAL COUNSELING IN HYPERLIPIDEMIA, OBESITY AND DIABETES A STRONG EFFORT IS MADE TO HELP THE PATIENT UNDERSTAND THEIR PROBLEM AND PARTICIPATE IN THE SOLUTION TMH HAS DEVELOPED A WELL WISE HEALTH IMPROVEMENT PROGRAM THE WELL WISE HEALTH SCREENING PROGRAM WAS SPECIFICALLY DEVELOPED FOR BUSINESSES AND INDIVIDUALS TO PROVIDE CONVENIENT ACCESS TO HEALTH SCREENINGS HEALTH COUNSELORS PROVIDE CONSULTATION BASED ON THE INDIVIDUAL'S SCREENING RESULT ----- DESCRIPTION OF FAMILY OR BUSINESS RELATIONSHIPS FORM 990, PART VI, SECTION A, LINE 2 G MARK O'BRYANT, OFFICER, AND JOSEPH L CAMPS, MD, DIRECTOR, HOLD A BUSINESS RELATIONSHIP ----- FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, LINE 11A INFORMATION RELATED TO TMH'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION THE 2009 FORM 990 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2010 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR FINANCE TEAM MEMBERS BEFORE IT WAS FILED WITH THE IRS THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AT A MEETING OF THE COMMITTEE PRIOR TO ITS FILING ALL MEMBERS OF THE BOARD WERE AFFORDED THE OPPORTUNITY TO REVIEW FORM 990 PRIOR TO ITS FILING ----- CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C AS PART OF OUR WRITTEN CONFLICT OF INTEREST POLICY , OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY MEMBERS ----- COMPENSATION PROCESS FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION ARRANGEMENTS INVOLVING OUR CEO and SENIOR LEADERSHIP TEAM ARE ESTABLISHED BY TMH PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS) ----- DOCUMENTS AVAILABILITY TO PUBLIC FORM 990, PART VI, SECTION C, LINE 19 ALL DOCUMENTS ARE AVAILABLE to the public UPON REQUEST IN ADDITION, A COPY OF OUR CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE TMH WEBSITE CONSOLIDATED FINANCIAL STATEMENTS ARE ALSO FILED WITH THE DIGITAL ASSURANCE CERTIFICATION, L L C , AGENCY FOR HEALTH CARE ADMINISTRATION A COPY OF OUR FORM 990 IS ALSO FILED WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES ----- ---- DETAIL OF OFFICERS, DIRECTORS, TRUSTEES, ETC FORM 990, PART VII, COLUMN (B) CERTAIN OFFICERS OF THIS ORGANIZATION MAY ALSO DEVOTE TIME EACH WEEK TO RELATED ORGANIZATIONS</p>

SCHEDULE R
(Form 990)

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
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number
59-1917016

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
HEALTH VENTURES PAIN MANAGEMENT LLC 1401 CENERVILLE RD STE 210 TALLAHASSEE, FL 32303 20-2928736	HOLDING CO	FL	0	0	TMHV
HEALTH VENTURES SURGICAL CENTER LLC 1309 THOMASVILLE ROAD TALLAHASSEE, FL 32303 27-2216350	HOLDING CO	FL	0	0	TMHV

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
SOUTHEAST COMMUNITY HEALTH SERVICES INC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 58-1434992	HOLDING CO	FL	501(C)(25)	N/A	TMH
TALLAHASSEE MEMORIAL HEALTHCARE FDN 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 59-1727645	FUNDRAISING	FL	501(C)(3)	7	TMH

Part III

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

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

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
TALLAHASSEE MEMORIAL HEALTH VENTURES INC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL32308 59-2717050	HOLDING COMPANY	FL	TMH	C CORP	322,391	12,232,280	100 000 %
PRIME MERIDIAN HEALTH VENTURES INC 1309 THOMASVILLE ROAD TALLAHASSEE, FL32303 59-2668613	DIAGNOSTIC IMAG	FL	TMHV	C CORP	0	0	0 %
TALLAHASSEE MEMORIAL TELEPHONE COMPANY 1309 THOMASVILLE ROAD TALLAHASSEE, FL32303 59-3395937	TELEPHONE COMPANY	FL	TMHV	C CORP	0	0	0 %
PREMIER HEALTH & FITNESS CENTER INC 3521 MACLAY BOULEVARD TALLAHASSEE, FL32312 59-2471569	FITNESS CENTER	FL	TMHV	C CORP	0	0	0 %

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i Yes

1j Yes

1k No

1l No

1m No

1n Yes

1o No

1p Yes

1q No

1r Yes

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) SOUTHEAST COMMUNITY HEALTH SERVICES INC	A	25,717
(2) SOUTHEAST COMMUNITY HEALTH SERVICES INC	J	596,140
(3) TMH FOUNDATION	N	743,290
(4) TMH FOUNDATION	C	890,095
(5) TALLAHASSEE MEMORIAL HEALTH VENTURES INC	I	1,401,865
(6) TALLAHASSEE MEMORIAL HEALTH VENTURES INC	J	143,569

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) SOUTHEAST COMMUNITY HEALTH SERVICES INC	A	25,717
(1) SOUTHEAST COMMUNITY HEALTH SERVICES INC	J	596,140
(2) TMH FOUNDATION	N	743,290
(3) TMH FOUNDATION	C	890,095
(4) TALLAHASSEE MEMORIAL HEALTH VENTURES INC	I	1,401,865
(5) TALLAHASSEE MEMORIAL HEALTH VENTURES INC	J	143,569

TY 2009 AffiliatedGroupAttachment

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

EIN: 59-1917016

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

_____ TALLAHASSEE MEMORIAL HEALTHCARE, INC.
\$76,750 \$429,601,953 This organization has made the lobbying
election under I.R.C. section 501(h) for the tax year ended
September 30, 2010. This election has not been revoked before
the start of the organization's tax year that began in 2009. -----
----- Direct Other LOBBYING Exempt
Purpose Name of Non-Electing Organization Expenditures
Expenditures _____
_____ SOUTHEAST COMMUNITY HEALTH
SRVS, INC. \$NONE \$ 338,136 TALLAHASSEE MEMORIAL
HEALTHCARE FND NONE 1,564,762 -----
\$NONE \$1,902,898 TOTALS \$76,750 \$431,504,851
=====

Additional Data

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE 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			
DAVID L SAINT MD DIRECTOR	1 0	X						0	0	0
ERIN ENNIS CHAIR	1 0	X		X				0	0	0
JOSEPH L CAMPS MD CHAIR-ELECT	1 0	X		X				0	0	0
LAURIE L DOZIER III SECRETARY	1 0	X		X				0	0	0
DEBRA AUSTIN EDD DIRECTOR	1 0	X						0	0	0
HAROLD BROCK DIRECTOR	1 0	X						0	0	0
SUSIE BUSCH-TRANSOU DIRECTOR	1 0	X						0	0	0
FRANK E GREDLER MD DIRECTOR	1 0	X						0	0	0
ALMA LITTLES MD DIRECTOR	1 0	X						0	0	0
RICK MOORE DIRECTOR	1 0	X						0	0	0
MARTIN PROCTOR DIRECTOR	1 0	X						0	0	0
ADRIAN ROBERTS MD DIRECTOR	1 0	X						0	0	0
GLENDAL THORNTON TREASURER	1 0	X		X				0	0	0
KIM WILLIAMS DIRECTOR	1 0	X						0	0	0
G MARK O'BRYANT CEO/PRESIDENT	55 0			X				676,503	0	222,467
STEVEN ADRIAANSE VP/CHIEF HR OFFICER	55 0			X				270,596	0	20,689
WARREN JONES VP/CHIEF COMMUNICATION OFFICER	55 0			X				165,320	0	16,417
WILLIAM GIUDICE VP/CFO	55 0			X				395,840	0	22,453
BARBARA MACARTHUR VP/CHIEF PATIENT CARE OFFICER	55 0			X				223,651	0	13,825
CYNTHIA BLAIR VP/CHIEF IMPROVEMENT OFFICER	55 0			X				189,895	0	11,574
PAULA FORTUNAS VP/CHIEF ADVANCEMENT OFFICER	55 0			X				191,253	0	14,118
JASON H MOORE VP/COO	55 0			X				342,989	0	13,484
DONALD LINDSEY VP/CIO	55 0			X				193,318	0	15,563
MICHAEL GLAZE MD PHYSICIAN	40 0					X		492,419	0	20,725
STEPHEN CREMIN MD PHYSICIAN	50 0					X		509,579	0	22,588

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			
WILLIAM MILLER MD PHYSICIAN	50 0					X		556,798	0	14,880
JOSHUA SIMMONS MD PHYSICIAN	40 0					X		482,610	0	18,025
JAMES SNYDER MD PHYSICIAN	40 0					X		458,110	0	22,452

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR BAD DEBTS	65,972,065	65,972,065	0	0
PATIENT EXPENSES	59,203,645	59,203,645	0	0
SERVICE MAINTENANCE	9,495,908	6,130,056	3,365,852	0
INDIGENT CARE ASSESSMENT	4,390,628	4,390,628	0	0
PATIENT FOOD	2,733,439	2,731,543	1,896	0