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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization

TALLAHASSEE MEMORIAL HEALTHCARE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

1300 MICCOSUKEE ROAD

City or town, state or country, and ZIP + 4

TALLAHASSEE, FL 323085054

D Employer identification number

59-1917016

E Telephone number

(850) 431-5238

G Gross receipts \$ 598,153,907

F Name and address of principal officer

WILLIAM GIUDICE CFO
1300 MICCOSUKEE ROAD
TALLAHASSEE, FL 323080000

H(a) Is this a group return for affiliates?

 Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.tmh.org

K Form of organization Corporation Trust Association Other ►

L Year of formation 1976

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TALLAHASSEE MEMORIAL HEALTHCARE, INC IS A PRIVATE 772-BED, COMMUNITY HEALTH CARE SYSTEM THAT PROVIDES CHARITABLE, COMPASSIONATE, LEADING- EDGE, PATIENT-CENTERED HEALTH CARE FOR ALL

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 16

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 9

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 4,619

6 Total number of volunteers (estimate if necessary)

6 718

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 1,324,156

b Net unrelated business taxable income from Form 990-T, line 34

7b 1,058,183

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,144,045	2,336,724
9	Program service revenue (Part VIII, line 2g)	380,545,439	399,327,762
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,031	785,760
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,700,671	142,264,845
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	509,530,186	544,715,091

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12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	509,530,186	544,715,091
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)	211,384,138	237,332,528
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	230,949,354	269,009,726
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	442,333,492	506,342,254
19	Revenue less expenses Subtract line 18 from line 12	67,196,694	38,372,837

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	490,295,286	522,415,027
21	Total liabilities (Part X, line 26)	391,953,970	380,863,324
22	Net assets or fund balances Subtract line 21 from line 20	98,341,316	141,551,703

Part II Signature Block

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

Sign Here	Signature of officer BILL GUIDICE CFO Type or print name and title	Date 2014-03-28	Date
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Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 2001 MARKET ST SUITE 1700 PHILADELPHIA, PA 19103	Date Check if self-employed ►	Preparer's taxpayer identification number (see instructions)
		EIN ►	Phone no ► (267) 330-3000

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

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part II

they describe the organization's mission

FOUNDED MORE THAN 60 YEARS AGO, TALLAHASSEE MEMORIAL HEALTHCARE, INC ("TMH") IS A PRIVATE, NOT-FOR PROFIT, 772-BED, COMMUNITY HEALTH CARE SYSTEM WITH CARING HANDS AND HEARTS, TMH HONORABLY SERVES THE COMMUNITY AND MAINTAINS POSITIVE, COLLABORATIVE RELATIONSHIPS BY PROVIDING COMPASSIONATE, LEADING-EDGE, PATIENT-CENTERED HEALTH CARE FOR ALL. TMH PURSUES PERFECTION IN A TRUSTING AND LEARNING ENVIRONMENT, THUS ENHANCING THE QUALITY OF LIFE FOR THOSE SERVED

Did the organization undertake any significant program services during the year which were not listed on Part V of Form 990 or 990-EZ?

| Yes | No |

If "Yes," describe these new services on Schedule C.

"Does the organization cease conducting, or make significant changes in how it conducts, any programs?

Yes No

If "Yes," describe these changes on Schedule C

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of expenses and allocations to others, the total expenses, and revenue, if any, for each program service reported.

HASSEY MEMORIAL HEALTHCARE ("TMH") IS A COMPREHENSIVE HEALTHCARE PROVIDER LOCATED IN TALLAHASSEE, FLORIDA, THE CAPITAL OF FLORIDA.

TALLAHASSEE MEMORIAL HEALTHCARE (TMH) IS A COMPREHENSIVE HEALTHCARE PROVIDER LOCATED IN TALLAHASSEE, FLORIDA, THE CAPITAL OF FLORIDA, IN THE EASTERN PANHANDLE WITH A POPULATION OF MORE THAN 275,000 IN TALLAHASSEE ALONE, TMH SERVES A TOTAL OF 17 COUNTIES WITH A POPULATION OF 685,033 COVERING 10,700 SQUARE MILES TMH'S PRIMARY SERVICE AREA COVERS 10 COUNTIES IN FLORIDA WHICH INCLUDE CALHOUN, GADSDEN, GWINN, JACKSON, JEFFERSON, LIBERTY, MADISON, TAYLOR, AND WAKULLA. THE SIX COUNTIES THAT COMprise THE GEORGIA SERVICE AREA INCLUDE BUCK, DECATUR, GRADY, LOWNDES, SEMINOLE AND THOMAS TMH IS MANAGED BY A TEAM OF COMMUNITY CITIZENS WHO VOLUNTEER THEIR TIME AND EXPERTISE WITHOUT COMPENSATION THE TMH BOARD OF DIRECTORS IS COMMITTED TO ITS COMMUNITY SERVICE MISSION, AND MEMBERS SERVE WITHOUT COMPENSATION TMH SERVES A TRULY DIVERSE POPULATION TALLAHASSEE IS ONE OF THE YOUNGEST AND MOST HIGHLY EDUCATED POPULATIONS IN FLORIDA 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 37.0% (BEHIND ALACHUA COUNTY) AND THE SMALLEST PERCENTAGE AGED 65 AND OLDER AT 9.4% (OF COUNTIES WITH A POPULATION GREATER THAN 20,000) 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 TALLAHASSEE MEMORIAL WEBSITE AT [HTTP://WWW.TMH.ORG/BILLINGANDINSURANCE/FINANCIALASSISTANCE](http://WWW.TMH.ORG/BILLINGANDINSURANCE/FINANCIALASSISTANCE) THOSE PATIENTS WHO ARE UNINSURED ARE ASKED TO COMPLETE A BRIEF APPLICATION FOR FINANCIAL ASSISTANCE IT IS THROUGH THIS APPLICATION THAT TMH CAN DETERMINE THE PATIENT'S NEED FOR FINANCIAL ASSISTANCE OR PROGRAM ELIGIBILITY A PATIENT MAY BE REFERRED TO A FINANCIAL COUNSELOR OR HOSPITAL PATIENT 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 HOSPITAL INPATIENT SERVICES BASED ON A SLIDING FEE SCHEDULE, TO REFERRAL TO THE WECARE NETWORK, WHICH OFFERS FREE CARE, ARE EXPLORED IN THE EVENT THAT A PATIENT WOULD QUALIFY FOR MEDICAID, A REFERRAL IS MADE TO HOSPITAL INPATIENT SERVICES HOSPITAL INPATIENT SERVICES, THROUGH A REPRESENTATIVE OF CHILDREN AND FAMILIES REPRESENTATIVE, ASSISTS PATIENTS IN COMPLETING THE MEDICAID APPLICATION IF THE PATIENT IS DISABLED, OR IS EXPECTED TO BE DISABLED FOR AT LEAST A YEAR, HOSPITAL INPATIENT SERVICES WILL ASSIST THE PATIENT IN APPLYING FOR DISABILITY IF A PATIENT PRESENTS TO THE EMERGENCY ROOM, CARE IS PROVIDED PRIOR TO ASCERTAINING THE PATIENT'S COVERAGE AND/OR ABILITY TO PAY ONCE THE PATIENT IS STABILIZED, THE STEPS OUTLINED FOR THE NON-EMERGENT SETTING ARE TAKEN IN THE EVENT THAT A PATIENT DOES NOT QUALIFY FOR ANY PROGRAMS, AND IS UNINSURED, A CHARITY APPLICATION IS COMPLETED IT IS THROUGH THIS PROCESS THAT A DETERMINATION IS MADE AS TO WHETHER THE PATIENT QUALIFIES FOR CHARITY THE SLIDING FEE SCHEDULE THE HOSPITAL SPONSORED FINANCIAL ASSISTANCE PROGRAM (FAP) IS AVAILABLE FOR UNINSURED PATIENTS FAP IS A CHARITY SLIDING SCALE DISCOUNT PROGRAM BASED ON THE PATIENT'S FAMILY INCOME PATIENTS WITH FAMILY INCOMES AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES OR WHOSE CHARGES EXCEED 25% OF THE ANNUAL FAMILY INCOME ARE ELIGIBLE FOR 100% CHARITY OR FREE CARE PATIENTS WITH FAMILY INCOMES BETWEEN 151% AND 400% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR SLIDING SCALE DISCOUNTS THESE UNINSURED PATIENTS WILL BE RESPONSIBLE FOR A PERCENT OF HOSPITAL CHARGES DETERMINED BY INCOME AND FAMILY SIZE THE STATE OF FLORIDA HAS RECOGNIZED THE HIGH COST 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 12% OF THE GROSS REVENUES ARE GENERATED BY SERVICES TO PATIENTS COVERED UNDER THE MEDICAID PROGRAM AND MEDICAID HMOs > IMPROVING REGIONAL HEALTH OUTCOMES TMH USES A VARIETY OF ASSESSMENT TOOLS TO DETERMINE THE NEEDS OF ITS COMMUNITY AMONG THOSE ASSESSMENT TOOLS ARE - COUNTY HEALTH NEEDS 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) - TALLAHASSEE MEMORIAL HEALTHCARE PUBLIC PERCEPTION STUDY - ASSESSMENT OF 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

THE MOST RECENT PUBLICATIONS FROM THE FLORIDA DEPARTMENT OF HEALTH, LEON COUNTY RANKED IN THE BOTTOM STATE QUARTILE IN THE FOLLOWING HEALTH INDICATORS ADULTS WHO ARE OVERWEIGHT, RESIDENTS BELOW 100% POVERTY, STROKE AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED INCIDENCE RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, PROSTATE CANCER AGE-ADJUSTED INCIDENCE RATE, HIV CASES REPORTED, AIDS CASES REPORTED, CHLAMYDIA CASES REPORTED, GONORRHEA CASES REPORTED, INFECTIOUS SYPHILIS CASES REPORTED, LOW BIRTH RATE BIRTHS (BIRTHS < 2500 GRAMS), MULTIPLE BIRTHS, AND FETAL DEATH RATE GADSDEN COUNTY RANKED IN THE BOTTOM STATE QUARTILES FOR THE FOLLOWING HEALTH INDICATORS ADULTS WHO MEET MODERATE PHYSICAL ACTIVITY RECOMMENDATIONS, ADULTS WHO MEET VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS, ADULTS WHO AGE IN NO LEISURE-TIME PHYSICAL ACTIVITY, ADULTS WHO ARE OVERWEIGHT, ADULTS WHO ARE OBESE, MEDIAN INCOME, RESIDENTS BELOW 100% POVERTY, POPULATION OVER 25 WITHOUT HIGH SCHOOL DIPLOMA OR EQUIVALENCY, ADULTS WHO RATE THEIR HEALTH STATUS AS "FAIR" OR "POOR", STROKE AGE-ADJUSTED DEATH RATE, STROKE AGE-ADJUSTED HOSPITALIZATION RATE, HEART FAILURE AGE-ADJUSTED DEATH RATE, ADULTS WITH DIAGNOSED HYPERTENSION, COLORECTAL CANCER AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED INCIDENCE RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE, ASTHMA AGE-ADJUSTED HOSPITALIZATION RATE, DIABETES AGE-ADJUSTED DEATH RATE, DIABETES AGE-ADJUSTED HOSPITALIZATION RATE, ADULTS WITH DIAGNOSED DIABETES, HIV CASES REPORTED, AIDS CASES REPORTED, HIV/AIDS AGE-ADJUSTED DEATH RATE, CHLAMYDIA CASES REPORTED, TB CASES REPORTED, GONORRHEA CASES REPORTED, LOW BIRTH RATE BIRTHS (BIRTHS < 2500 GRAMS), PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), MULTIPLE BIRTHS, BIRTHS TO TEENS 15-19, REPEAT BIRTHS TO MOTHERS 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 ADULTS WHO ARE OBESE, ADULTS WHO ARE CURRENT SMOKERS, STROKE AGE-ADJUSTED HOSPITALIZATION RATE, LUNG CANCER AGE-ADJUSTED DEATH RATE, LUNG CANCER AGE-ADJUSTED INCIDENCE RATE, COLORECTAL CANCER AGE-ADJUSTED DEATH RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, MELANOMA AGE-ADJUSTED DEATH RATE, ADULTS WHO CURRENTLY HAVE ASTHMA, ADULTS WITH DIAGNOSED DIABETES, LOW BIRTH WEIGHT BIRTHS (BIRTHS < 2500 GRAMS), INFANT DEATH RATE, AND POSTNEONATAL DEATH RATE JEFFERSON COUNTY RANKED IN THE BOTTOM STATE QUARTILE FOR THE FOLLOWING HEALTH INDICATORS ADULTS WHO ARE OBESE, ADULTS WITH DIAGNOSED HYPERTENSION, ADULTS WHO HAVE DIAGNOSED HIGH BLOOD CHOLESTEROL, BREAST CANCER AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED INCIDENCE RATE, COLORECTAL CANCER AGE-ADJUSTED INCIDENCE RATE, MELANOMA AGE-ADJUSTED DEATH RATE, MELANOMA AGE-ADJUSTED INCIDENCE RATE, CHLAMYDIA CASES REPORTED, GONORRHEA CASES REPORTED, PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), REPEAT BIRTHS TO MOTHERS 15-19, INFANT DEATH RATE, FETAL DEATH RATE, UNINTENTIONAL INJURIES AGE-ADJUSTED DEATH RATE, AND MOTOR VEHICLE CRASH AGE-ADJUSTED DEATH RATE FRANKLIN COUNTY RANKED IN THE BOTTOM STATE QUARTILE FOR THE FOLLOWING HEALTH INDICATORS ADULTS WHO MEET VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS, ADULTS WHO ARE CURRENT SMOKERS, MEDIAN INCOME, RESIDENTS BELOW 100% POVERTY, ADULTS WHO RATE THEIR HEALTH STATUS AS "FAIR" OR "POOR", ADULTS WITH ANY TYPE OF HEALTHCARE INSURANCE COVERAGE, ADULTS WHO RECEIVE A FLU SHOT IN THE PAST YEAR, CONGESTIVE HEART FAILURE AGE-ADJUSTED HOSPITALIZATION RATE, LUNG CANCER AGE ADJUSTED DEATH RATE, WOMEN 40 YEARS OF AGE AND OVER WHO RECEIVED A MAMMOGRAM IN THE PAST 2 YEARS, CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE, MELANOMA AGE-ADJUSTED INCIDENCE RATE, VACCINE PREVENTABLE DISEASES, PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), BIRTH

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

or program services. (Describe in Schedule Q)

Program service expenses \$ 451,644,572

)(Revenue \$)

Program Service Expenses

451,044,574

Part IV Checklist of Required Schedules

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.

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 and IV.

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

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

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

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a	Yes	
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	226
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,619
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for 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?	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).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	14a	No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	16	
b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4	No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6 Did the organization have members or stockholders?	6	No	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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 Did the organization have local chapters, branches, or affiliates?	10a	No	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed 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 made these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 323080000
 (850) 431-5238

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►176

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDERS CONSTRUCTION COMPANY 3472 WEEMS RD UNIT 1 TALLAHASSEE, FL 32317	CONSTRUCTION SRVCS	2,924,573
SOUTHERN MEDICAL GROUP PA 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	PHYSICIAN SRVCS	2,914,323
PETER MITCHELL ASSOCIATES 1311 E 7TH AVE TALLAHASSEE, FL 32303	ADVERTISING SRVCS	1,233,590
PENNINGTON MOORE WILKINSON PO BOX 10095 TALLAHASSEE, FL 32303	LEGAL SRVCS	1,117,258
SHIFTWISE PO BOX 70870 ST PAUL, MN 55170	STAFFING SRVCS	1,071,848
2. Total number of independent contractors (including but not limited to those listed above) who received more than		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **47**

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	512,367			
	e Government grants (contributions)	1e	1,608,484			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	215,873			
	g Noncash contributions included in lines 1a-1f \$		44,721			
	h Total. Add lines 1a-1f		2,336,724			
Program Service Revenue	2a PATIENT SERVICE REVENUES	Business Code				
		621500	399,327,762	398,911,482	416,280	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		399,327,762			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
			412,649		412,649	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(I) Real				
		3,404,312				
	b Less rental expenses	(II) Personal				
		3,601,398				
c Rental income or (loss)		-197,086				
d Net rental income or (loss)			-197,086	907,876	-1,104,962	
7a Gross amount from sales of assets other than inventory	(I) Securities					
	26,894,303	54,559				
b Less cost or other basis and sales expenses	(II) Other					
	26,575,751	0				
c Gain or (loss)		318,552	54,559			
d Net gain or (loss)				373,111	373,111	
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	159,043,519					
b Less cost of goods sold	b	23,261,667				
c Net income or (loss) from sales of inventory			135,781,852	135,781,852		
Miscellaneous Revenue	Business Code					
11a Medicare and Medicaid Meaningful Use		900099	4,630,638	4,630,638		
b Vendor Rebates		900099	1,190,413	1,190,413		
c Parking Deck		900099	533,886	533,886		
d All other revenue			325,142	325,142		
e Total. Add lines 11a-11d			6,680,079			
12 Total revenue. See Instructions			544,715,091	541,373,413	1,324,156	
					-319,202	

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)

Check if Schedule O contains a response to any question in this Part IX **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 United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	3,900,106	3,292,934	607,172	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	181,995,596	160,994,945	21,000,651	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,389,194	22,481,209	2,907,985	0
9 Other employee benefits	13,123,153	11,608,860	1,514,294	0
10 Payroll taxes	12,924,479	11,433,111	1,491,368	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,445,562	1,324,110	121,452	0
c Accounting	825,094	0	825,094	0
d Lobbying	0			
e Professional fundraising See Part IV, line 17 . . .	0			
f Investment management fees	0			
g Other	29,342,376	26,915,400	2,426,976	0
12 Advertising and promotion	1,444,417		1,444,417	0
13 Office expenses	17,123,595	15,375,676	1,747,919	0
14 Information technology	11,533,472	6,508,029	5,025,443	0
15 Royalties	0			
16 Occupancy	9,029,435	7,494,484	1,534,951	0
17 Travel	3,108,358	970,504	2,137,854	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	852,560	324,674	527,886	0
20 Interest	9,054,292	9,054,292	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,788,495	16,708,052	3,080,443	0
23 Insurance	559,298	235,831	323,466	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROVISION FOR BAD DEBT	75,310,027	75,310,027	0	0
b PATIENT EXPENSES	61,995,579	61,995,579	0	0
c SERVICE MAINTENANCE	13,994,687	9,753,026	4,241,661	0
d INDIGENT CARE ASSESSMENT	5,318,832	5,318,832	0	0
e				
f All other expenses	8,283,647	4,544,999	3,738,648	
25 Total functional expenses. Add lines 1 through 24f	506,342,254	451,644,574	54,697,680	0
26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	0	0
	2 Savings and temporary cash investments	159,208,726	159,002,989
	3 Pledges and grants receivable, net	0	0
	4 Accounts receivable, net	49,104,979	53,985,988
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	0
	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	0	0
	7 Notes and loans receivable, net	0	0
	8 Inventories for sale or use	6,902,669	7,980,634
	9 Prepaid expenses and deferred charges	7,085,485	10,445,445
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	483,908,432	
	b Less accumulated depreciation	10a	242,638,964
		223,893,781	10c
		241,269,468	
	11 Investments—publicly traded securities	0	11
	12 Investments—other securities See Part IV, line 11	27,300	12
	13 Investments—program-related See Part IV, line 11	0	13
	14 Intangible assets	0	14
	15 Other assets See Part IV, line 11	44,072,346	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	490,295,286	16
		522,415,027	
Liabilities	17 Accounts payable and accrued expenses	42,642,750	17
	18 Grants payable	0	18
	19 Deferred revenue	0	19
	20 Tax-exempt bond liabilities	121,134,063	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22
	23 Secured mortgages and notes payable to unrelated third parties	20,973,400	23
	24 Unsecured notes and loans payable to unrelated third parties	0	24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	207,203,757	25
	26 Total liabilities. Add lines 17 through 25	391,953,970	26
		380,863,324	
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	98,341,316	27
	28 Temporarily restricted net assets	0	28
	29 Permanently restricted net assets	0	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	98,341,316	33
	34 Total liabilities and net assets/fund balances	490,295,286	34
		522,415,027	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	544,715,091
2	Total expenses (must equal Part IX, column (A), line 25)	2	506,342,254
3	Revenue less expenses Subtract line 2 from line 1	3	38,372,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,341,316
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,837,550
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	141,551,703

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	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?		2a
2b Were the organization's financial statements audited by an independent accountant?	2b Yes	No
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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?		3a
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b No

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	Official	Key employee	Highest compensated employee			
KIM WILLIAMS CHAIRPERSON	2 5	X		X			0	0	0
LAURIE L DOZIER III CHAIR-ELECT	1 5	X		X			0	0	0
GLENDAL THORNTON SECRETARY	1 5	X		X			0	0	0
FRANK E GREDLER MD TREASURER	1 5	X		X			0	0	0
HAROLD BROCK DIRECTOR	1 0	X					0	0	0
SUSIE BUSCH-TRANSOU DIRECTOR	1 0	X					0	0	0
JOSEPH L CAMPS MD DIRECTOR	1 5	X					0	0	0
ERIN ENNIS DIRECTOR	1 5	X					0	0	0
ALMA LITTLES MD DIRECTOR	1 5	X					0	0	0
AVERY MCKNIGHT DIRECTOR	1 0	X					0	0	0
RICK MOORE DIRECTOR	1 5	X					0	0	0
MARTIN PROCTOR DIRECTOR	1 0	X					0	0	0
CHRISTOPHER RUMANA MD DIRECTOR	1 5	X					0	0	0
DAVID L SAINT MD DIRECTOR	1 0	X					0	0	0
STEPHEN SARBECK MD DIRECTOR	1 0	X					0	0	0
GARY WINCHESTER MD DIRECTOR	1 0	X					0	0	0
G MARK O'BRYANT CEO/PRESIDENT	55 0	X		X			785,813	0	223,084
WILLIAM GIUDICE VP/CFO	55 0			X			433,746	0	23,084
STEVEN ADRIAANSE VP/CHIEF HR OFFICER	55 0			X			284,344	0	22,022
BARBARA ALFORD VP/CHIEF PATIENT CARE OFFICER	55 0			X			43,464	0	4,048
WARREN JONES VP/CHIEF COMMUNICATION OFFICER	55 0			X			179,005	0	18,729
BARBARA MACARTHUR VP/CHIEF PATIENT CARE OFFICER	55 0			X			234,933	0	15,474
CYNTHIA BLAIR VP/CHIEF IMPROVEMENT OFFICER	55 0			X			206,279	0	13,382
PAULA S FORTUNAS VP/CHIEF ADVANCEMENT OFFICER	15 0			X			202,341	0	16,412
JASON H MOORE VP/COO	55 0			X			401,127	0	24,044

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	Office	Key employee	Highest compensated employee			
DONALD LINDSEY VP/CIO	55 0			X			211,932	0	18,048
DEAN WATSON MD VP/CMO	55 0			X			363,075	0	24,036
EDWARD EASTMAN MD PHYSICIAN	40 0				X		485,181	0	23,084
MICHAEL A GLAZE MD PHYSICIAN	40 0				X		506,928	0	21,900
WILLIAM MILLER MD PHYSICIAN	40 0				X		513,721	0	14,827
JOSHUA SIMMONS MD PHYSICIAN	40 0				X		521,285	0	18,238
MARCUS S WILLETT MD PHYSICIAN	40 0				X		438,927	0	23,084

2011

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

Department of the Treasury
Internal Revenue ServiceName 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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****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.

**Open to Public
Inspection**

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

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

If the organization answered "Yes," 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 35c (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 on behalf of or in opposition to candidates for public office 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 function activities ► \$ _____

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)		52,859	52,859
c Total lobbying expenditures (add lines 1a and 1b)		52,859	52,859
d Other exempt purpose expenditures		506,296,895	507,849,108
e Total exempt purpose expenditures (add lines 1c and 1d)		506,349,754	507,901,967
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000
h Subtract line 1g from line 1a 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	41,190	76,750	43,816	52,859	214,615
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).	2a
a Current year	2b
b Carryover from last year	2c
c Total	3
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4
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?	5
5 Taxable amount of lobbying and political expenditures (see instructions)	

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 11. 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

2011

Open to Public
Inspection**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

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? Yes No

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

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

► \$ _____

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
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	7,583,960	7,505,686	7,212,937	7,104,605	
b Contributions	898,431	56,895	153,794	179,449	
c Investment earnings or losses	260,357	21,379	138,955	-71,117	
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	0	0	0	0	
f Administrative expenses	0	0	0	0	
g End of year balance	8,742,748	7,583,960	7,505,686	7,212,937	

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

a Board designated or quasi-endowment ► 0 %
 b Permanent endowment ► 100 000 %
 c Term endowment ► 0 %

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	15,071,139			15,071,139
b Buildings	276,274,333	125,141,298		151,133,035
c Leasehold improvements	3,633,674	1,399,210		2,234,464
d Equipment	188,929,286	116,098,456		72,830,830
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				241,269,468

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	544,715,091
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	506,342,254
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	38,372,837
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,837,550
9	Total adjustments (net) Add lines 4 - 8	9	4,837,550
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	43,210,387

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

1	Total revenue, gains, and other support per audited financial statements	1	570,308,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	25,593,103
e	Add lines 2a through 2d	2e	25,593,103
3	Subtract line 2e from line 1	3	544,715,091
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	544,715,091

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

1	Total expenses and losses per audited financial statements	1	527,097,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	20,755,553
e	Add lines 2a through 2d	2e	20,755,553
3	Subtract line 2e from line 1	3	506,342,254
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	506,342,254

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
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	ALL ENDOWMENT FUNDS ARE UTILIZED IN PURSUIT OF THE ORGANIZATION'S TAX-EXEMPT PURPOSES
DETAIL OF OTHER CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN ADD'L MIN PENSION LIABILITY \$2,762,538 CHANGE IN FMV OF DERIVATIVE INSTRUMENT 2,093,485 DEPRECIATION (18,473) ----- TOTAL \$4,837,550 DETAIL OF OTHER CHANGES IN REVENUE SCHEDULE D, PART XII, LINE 2D CHANGE IN ADD'L MIN PENSION LIABILITY \$ 2,762,538 CHANGE IN FMV OF DERIVATIVE INSTRUMENT 2,093,485 COST OF GOODS SOLD 22,771,828 DEPRECIATION (18,473) AUXILIARY ACTIVITIES (221,508) CHILD CARE REVENUES (604,354) VENDOR REBATES (1,190,413) ----- TOTAL \$25,593,103 DETAIL OF OTHER CHANGES IN EXPENSES SCHEDULE D, PART XIII, LINE 2D COST OF GOODS SOLD \$22,771,828 AUXILIARY ACTIVITIES (221,508) CHILD CARE REVENUES (604,354) VENDOR REBATES (1,190,413) ----- TOTAL \$20,755,553

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
HEALTH CARE CASUALTY INS LTD	857,500
DEBT RESERVE FUND	16,252,138
DEBT SERVICE FUND	6,776,363
BOND ISSUE COSTS	1,338,608
SWAP COLLATERAL	3,409,443
DEPOSITS AND OTHER ASSETS	8,422,199
DUE FROM PARENT HOLDING COMPAN	5,771,897
SELF INSURANCE TRUST FUND	3,838,503
DUE FROM MEDICARE	2,936,552
HEALTH CARE CASUALTY RISK RETE	100,000

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

1	(a) Description of Liability	(b) Amount
	WORKER'S COMP SELF INSURANCE	2,129,121
	PROFESSIONAL LIABILITY SELF IN	19,380,000
	SWAP LIABILITY	2,465,920
	MIN PENSION LIABILITY	162,163,266
	OBLIGATION FOR SUPPLEMENTAL EX	4,709,306
	DEFERRED COMP ARRANGEMENT	1,456,270
	ASSET RETIREMENT OBLIGATION	380,000
	AHCA ASSESSMENT	2,776,983

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.

Employer identification number

59-1917016

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

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

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

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

3 Activities per Region (Use Part V if additional space is needed)

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

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 Part V if additional space is needed.

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Additional Data

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

Part V

Supplemental Information

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

2011

Open to Public
InspectionSCHEDULE 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.Name of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INCEmployer identification number
59-1917016

Part I Charity Care and Certain Other Community Benefits at Cost

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

	Yes	No
1a	Yes	
1b	Yes	

2 If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals
 Generally tailored to individual hospitals

Applied uniformly to most hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care

100% 150% 200% Other _____%

b Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____%

c If the organization did 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 Did the organization's policy provide free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

4	Yes	
5a	Yes	
5b	Yes	

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

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

5c	No	
6a	Yes	
6b	Yes	

6a Did the organization prepare a community benefit report during the tax year?

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

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 Worksheet 1)			19,176,411	0	19,176,411	4 450 %
b Medicaid (from Worksheet 3, column a)			51,753,064	43,712,275	8,040,789	1 870 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Charity Care and Means-Tested Government Programs			70,929,475	43,712,275	27,217,200	6 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			0	0	0	0 %
f Health professions education (from Worksheet 5)			8,853,170	823,364	8,029,806	1 860 %
g Subsidized health services (from Worksheet 6)			45,630,788	31,229,612	14,401,176	3 340 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0	0	0 %
j Total Other Benefits			54,483,958	32,052,976	22,430,982	5 200 %
k Total. Add lines 7d and 7j			125,413,433	75,765,251	49,648,182	11 520 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			549,787	20,950	528,837	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			549,787	20,950	528,837	0 120 %

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

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

2 Enter the amount of the organization's bad debt expense

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit

	Yes	No
1		No
2	75,310,027	
3	11,253,417	
5	78,084,743	
6	79,665,959	
7	-1,581,216	
9a	Yes	
9b	Yes	

Section B. Medicare

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

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

7 Subtract line 6 from line 5 This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

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

9a	Yes
9b	Yes

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

Other (Describe)

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

TALLAHASSEE MEMORIAL HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes
If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 %</u>		
If "No," explain in Part VI the criteria the hospital facility used		

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing discounted care?	10 Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		
11 Explained the basis for calculating amounts charged to patients?	11 Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12 Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	13 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site		
b <input type="checkbox"/> The policy was attached to all billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available upon request		
g <input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections		
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments or arrests		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16 No	
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy upon admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued)**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
18	Yes	

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

20		No
21		No

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (Describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SUPPLEMENTAL DISCLOSURES		PART I, LINES 3C, 6A NOT APPLICABLE BAD DEBT EXPENSE, COSTING METHODOLOGY USED PART I, LINE 7 THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS \$75,310,027 FOR THE YEAR ENDED SEPTEMBER 30, 2012 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

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	PART III, SECTION A, LINE 1	<p>TMH REPORTS BAD DEBT EXPENSE IN ACCORDANCE WITH GAAP AND AICPA GUIDELINES. HFMA STATEMENT NO 15 HAS NOT BEEN ADOPTED BY THE AICPA. PART III, SECTION A, LINE 4 THE COMPONENTS OF NET PATIENT SERVICE REVENUE FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011 ARE AS FOLLOWS: 2012 - GROSS PATIENT SERVICE REVENUE \$1,631,937,645, CONTRACTUAL ADJUSTMENTS AND OTHER DEDUCTIONS (1,075,812,226), NET PATIENT SERVICE REVENUE \$556,125,419. 2011 - GROSS PATIENT SERVICE REVENUE \$1,483,636,094, CONTRACTUAL ADJUSTMENTS AND OTHER DEDUCTIONS (956,780,435), NET PATIENT SERVICE REVENUE \$526,855,659. 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 THIRDPARTY 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 81% AND 83% OF THE HOSPITAL'S NET PATIENT ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2012 AND 2011 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. MANAGEMENT'S ESTIMATE IS BASED ON AN ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. THE COSTING METHODOLOGY FOR DETERMINING BAD DEBT EXPENSE WAS BASED ON ACTUAL CHARGES WRITTEN OFF AS BAD DEBTS DURING THE YEAR.</p>

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY, MEDICARE SHORTFALL	PART III, SECTION B, LINE 8	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

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES	PART III, LINE 9B	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

Schedule H (Form 990) 2011

Identifier	Return Reference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	<p>TALLAHASSEE MEMORIAL HEALTHCARE ("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 - 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 ADULTS WHO ARE OVERWEIGHT, RESIDENTS BELOW 100% POVERTY, STROKE AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED INCIDENCE RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, PROSTATE CANCER AGE-ADJUSTED INCIDENCE RATE, HIV CASES REPORTED, AIDS CASES REPORTED, CHLAMYDIA CASES REPORTED, GONORRHEA CASES REPORTED, INFECTIOUS SYPHILIS CASES REPORTED, LOW BIRTH RATE BIRTHS (BIRTHS < 2500 GRAMS), MULTIPLE BIRTHS, AND FETAL DEATH RATE GADSDEN COUNTY RANKED IN THE BOTTOM STATE QUARTILES FOR THE FOLLOWING HEALTH INDICATORS ADULTS WHO MEET MODERATE PHYSICAL ACTIVITY RECOMMENDATIONS, ADULTS WHO MEET VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS, ADULTS WHO ENGAGE IN NO LEISURE-TIME PHYSICAL ACTIVITY, ADULTS WHO ARE OVERWEIGHT, ADULTS WHO ARE OBESE, MEDIAN INCOME, RESIDENTS BELOW 100% POVERTY, POPULATION OVER 25 WITHOUT HIGH SCHOOL DIPLOMA OR EQUIVALENCY, ADULTS WHO RATE THEIR HEALTH STATUS AS "FAIR" OR "POOR", STROKE AGE-ADJUSTED DEATH RATE, STROKE AGE-ADJUSTED HOSPITALIZATION RATE, HEART FAILURE AGE-ADJUSTED DEATH RATE, ADULTS WITH DIAGNOSED HYPERTENSION, COLORECTAL CANCER AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED INCIDENCE RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED DEATH RATE, CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE, ASTHMA AGE-ADJUSTED HOSPITALIZATION RATE, DIABETES AGE-ADJUSTED DEATH RATE, DIABETES AGE-ADJUSTED HOSPITALIZATION RATE, ADULTS WITH DIAGNOSED DIABETES, HIV CASES REPORTED, AIDS CASES REPORTED, HIV/AIDS AGE-ADJUSTED DEATH RATE, CHLAMYDIA CASES REPORTED, TB CASES REPORTED, GONORRHEA CASES REPORTED, LOW BIRTH WEIGHT BIRTHS (BIRTHS < 2500 GRAMS), PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), MULTIPLE BIRTHS, BIRTHS TO TEENS 15-19, REPEAT BIRTHS TO MOTHERS 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 ADULTS WHO ARE OBESE, ADULTS WHO ARE CURRENT SMOKERS, STROKE AGE-ADJUSTED HOSPITALIZATION RATE, LUNG CANCER AGE-ADJUSTED DEATH RATE, LUNG CANCER AGE-ADJUSTED INCIDENCE RATE, COLORECTAL CANCER AGE-ADJUSTED DEATH RATE, PROSTATE CANCER AGE-ADJUSTED DEATH RATE, MELANOMA AGE-ADJUSTED DEATH RATE, ADULTS WHO CURRENTLY HAVE ASTHMA, ADULTS WITH DIAGNOSED DIABETES, LOW BIRTH WEIGHT BIRTHS (BIRTHS < 2500 GRAMS), INFANT DEATH RATE, AND POSTNEONATAL DEATH RATE JEFFERSON COUNTY RANKED IN THE BOTTOM STATE QUARTILE FOR THE FOLLOWING HEALTH INDICATORS ADULTS WHO ARE OBESE, ADULTS WITH DIAGNOSED HYPERTENSION, ADULTS WHO HAVE DIAGNOSED HIGH BLOOD CHOLESTEROL, BREAST CANCER AGE-ADJUSTED DEATH RATE, BREAST CANCER AGE-ADJUSTED INCIDENCE RATE, PROSTATE CANCER AGE-ADJUSTED INCIDENCE RATE, MELANOMA AGE-ADJUSTED DEATH RATE, MELANOMA AGE-ADJUSTED INCIDENCE RATE, CHLAMYDIA CASES REPORTED, GONORRHEA CASES REPORTED, PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), REPEAT BIRTHS TO MOTHERS 15-19, INFANT DEATH RATE, NEONATAL DEATH RATE, UNINTENTIONAL INJURIES AGE-ADJUSTED DEATH RATE, AND MOTOR VEHICLE CRASH AGE-ADJUSTED DEATH RATE FRANKLIN COUNTY RANKED IN THE BOTTOM STATE QUARTILE FOR THE FOLLOWING HEALTH INDICATORS ADULTS WHO MEET VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS, ADULTS WHO ARE CURRENT SMOKERS, MEDIAN INCOME, RESIDENTS BELOW 100% POVERTY, ADULTS WHO RATE THEIR HEALTH STATUS AS "FAIR" OR "POOR", ADULTS WITH ANY TYPE OF HEALTHCARE INSURANCE COVERAGE, ADULTS WHO RECEIVE A FLU SHOT IN THE PAST YEAR, CONGESTIVE HEART FAILURE AGE-ADJUSTED HOSPITALIZATION RATE, LUNG CANCER AGE ADJUSTED DEATH RATE, WOMEN 40 YEARS OF AGE AND OVER WHO RECEIVED A MAMMOGRAM IN THE PAST YEAR, CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE, MELANOMA AGE-ADJUSTED INCIDENCE RATE, VACCINE PREVENTABLE DISEASES, PREMATURE BIRTHS (BIRTHS < 37 WEEKS GESTATION), BIRTHS TO TEENS 15-19, FETAL DEATH RATIO, KINDERGARTEN CHILDREN FULLY IMMUNIZED, AND MOTOR VEHICLE CRASH AGE-ADJUSTED DEATH RATE TALLAHASSEE MEMORIAL 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 COST FOR PARTICIPANTS. EXAMPLES OF SUCH ACTIVITIES INCLUDE SEMINARS HOSTED BY THE WOMEN'S</p>

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	PAVILION, THE DIABETES CENTER, THE NEUROSCIENCE CENTER, THE HEART AND VASCULAR CENTER AND THE BEHAVIORAL HEALTH CENTER

Identifier	ReturnReference	Explanation
INFORMATION REGARDING PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	<p>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 TALLAHASSEE MEMORIAL WEBSITE AT HTTP://WWW.TMH.ORG/BILLINGANDINSURANCEFINANCIALASSISTANCE. THOSE PATIENTS WHO ARE UNINSURED ARE ASKED TO COMPLETE A BRIEF APPLICATION FOR FINANCIAL ASSISTANCE. IT IS THROUGH THIS APPLICATION THAT TMH CAN ASSESS THE PATIENT'S NEED FOR FINANCIAL ASSISTANCE OR PROGRAM ELIGIBILITY. A PATIENT MAY BE REFERRED TO A FINANCIAL COUNSELOR OR HOSPITAL INPATIENT SERVICES WHICH IS A CONTRACTED COMPANY THAT PROVIDES MEDICAID ELIGIBILITY SERVICES TO THE HOSPITAL FOR THOSE WHO DO NOT SPEAK ENGLISH. TRANSLATION SERVICES ARE AVAILABLE WHEN AN UNINSURED PATIENT PRESENTS IN A NON-EMERGENT SETTING. A FINANCIAL APPLICATION IS COMPLETED AND A MEETING WITH A FINANCIAL COUNSELOR IS SCHEDULED DURING THIS MEETING. VARIOUS OPTIONS, RANGING FROM VOCATIONAL REHAB TO PAYMENT PLANS BASED ON A SLIDING FEE SCHEDULE, TO REFERRAL TO THE WECARE NETWORK, WHICH OFFERS FREE CARE, ARE EXPLORED. IN THE EVENT THAT THE PATIENT WOULD QUALIFY FOR MEDICAID, A REFERRAL IS MADE TO HOSPITAL INPATIENT SERVICES. HOSPITAL INPATIENT SERVICES, THROUGH A DEPARTMENT OF CHILDREN AND FAMILIES REPRESENTATIVE, ASSISTS PATIENTS IN COMPLETING THE MEDICAID APPLICATION. IF THE PATIENT IS DISABLED, OR GOING TO BE DISABLED FOR AT LEAST A YEAR, HOSPITAL INPATIENT SERVICES WILL ASSIST THE PATIENT IN APPLYING FOR DISABILITY. IF A PATIENT PRESENTS TO THE EMERGENCY ROOM, CARE IS PROVIDED PRIOR TO ASCERTAINING THE PATIENT'S COVERAGE AND/OR ABILITY TO PAY. ONCE THE PATIENT IS STABILIZED, THE STEPS OUTLINED FOR THE NON-EMERGENT SETTING ARE TAKEN. IN THE EVENT THAT A PATIENT DOES NOT QUALIFY FOR ANY PROGRAMS, AND IS UNINSURED, A CHARITY APPLICATION IS COMPLETED. IT IS THROUGH THIS PROCESS THAT A DETERMINATION IS MADE AS TO WHETHER THE PATIENT QUALIFIES FOR CHARITY OR THE SLIDING FEE SCHEDULE. THE HOSPITAL SPONSORED FINANCIAL ASSISTANCE PROGRAM (FAP) IS AVAILABLE FOR UNINSURED PATIENTS. FAP IS A CHARITY AND SLIDING SCALE DISCOUNT PROGRAM BASED ON THE PATIENT'S FAMILY INCOME. PATIENTS WITH FAMILY INCOMES AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES OR WHOSE CHARGES EXCEED 25% OF THE ANNUAL FAMILY INCOME ARE ELIGIBLE FOR 100% CHARITY OR FREE CARE. PATIENTS WITH FAMILY INCOMES BETWEEN 151% AND 400% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR SLIDING SCALE DISCOUNTS. THESE UNINSURED PATIENTS WILL BE RESPONSIBLE FOR A PERCENT OF HOSPITAL CHARGES DETERMINED BY INCOME AND FAMILY SIZE. THE STATE OF FLORIDA HAS RECOGNIZED THE HIGH LEVEL OF UNCOMPENSATED CARE PROVIDED BY TMH BY DESIGNATING TMH AS A MEDICAID DISPROPORTIONATE SHARE PROVIDER. APPROXIMATELY 3% 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.</p>

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	<p>TMH IS LOCATED IN THE CAPITAL CITY OF TALLAHASSEE, FLORIDA, IN THE HEART OF THE STATE'S PANHANDLE WITH A POPULATION OF MORE THAN 276,278 IN TALLAHASSEE ALONE, TMH SERVES A TOTAL OF 17 COUNTIES WITH A POPULATION BASE OF 688,560 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</p> <p>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 22 5% (BEHIND ALACHUA COUNTY) AND THE SMALLEST PERCENTAGE AGED 65 AND OLDER AT 9 4% (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 HEALTHCARE PROFESSIONALS IN MANY OF THE REGION'S 17 COUNTIES THE HEALTH RESOURCE AND SERVICES ADMINISTRATION (HRSA) HAS DESIGNATED NINE 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 BASED ON ESTIMATES FROM TRUVEN HEALTH, THE PERCENTAGE OF UNINSURED ARE AS FOLLOWS LEON - 36 7%, GADSDEN - 34 4%, WAKULLA - 16 8%, JEFFERSON - 30 9%, CALHOUN - 34 8%, FRANKLIN - 31 1%, JACKSON - 27 0%, LIBERTY - 31 9%, MADISON - 38 4%, AND TAYLOR 31 6% THE PERCENTAGE OF UNINSURED FOR THE COUNTIES IN GEORGIA ARE BROOKS - 37 8%, COLQUITT - 33 6%, DECATUR - 35 2%, GRADY - 34 8%, MITCHELL - 36 5%, SEMINOLE - 30 5%, AND THOMAS 27 6% BASED ON DATA FROM THOMSON REUTERS, THE PERCENTAGE OF COVERED LIVES THAT ARE ON MEDICAID ARE AS FOLLOWS LEON - 14 5%, GADSDEN - 27 8%, WAKULLA - 11 2%, JEFFERSON - 18 5%, CALHOUN - 21 5%, FRANKLIN - 17 4%, JACKSON - 17 8%, LIBERTY - 20 5%, MADISON - 28 9%, AND TAYLOR - 22 2% THE PERCENTAGE OF COVERED LIVES WHICH ARE ON MEDICAID FOR THE COUNTIES IN GEORGIA ARE BROOKS - 24 9%, COLQUITT - 32 3%, DECATUR - 31 9%, GRADY - 28 4%, MITCHELL - 31 1%, SEMINOLE - 27 8%, AND THOMAS - 22 1% HEALTH BARRIERS ARE NUMEROUS AND HARD TO OVERCOME, BUT TMH IS TACKLING THESE BARRIERS AND STRIVING TO IMPROVE HEALTHCARE HEALTH BARRIERS ARE NUMEROUS AND HARD TO OVERCOME, BUT TMH IS TACKLING THESE BARRIERS AND STRIVING TO IMPROVE HEALTHCARE</p>

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	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

Identifier	ReturnReference	Explanation
INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	<p>AS A NOT-FOR-PROFIT COMMUNITY HEALTHCARE SYSTEM TMH SUBSIDIZES HEALTH SERVICES THAT DO NOT GENERATE A POSITIVE OPERATING MARGIN BUT ARE OFFERED BECAUSE OF A NEED IN THE COMMUNITY DURING FISCAL YEAR 2012, TMH CONTRIBUTED \$14,401,176 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 GADSDEN AND WAKULLA 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 2012, THE DIABETES CENTER OPERATED AT A NET LOSS OF \$493,122 - EMERGENCY AND TRAUMA CARE THE NEED FOR A TRAUMA CENTER IN THIS AREA BECAME APPARENT WHEN THE UNIVERSITY OF SOUTH FLORIDA CONDUCTED AN ASSESSMENT OF THE STATE'S TRAUMA SYSTEM FOR THE FLORIDA LEGISLATURE THE 2005 REPORT CAME TO SEVERAL CONCLUSIONS THAT PROMPTED TMH'S ENTRY INTO THE TRAUMA SERVICE FIRST, THE STUDY FOUND THAT COUNTIES WITHOUT A TRAUMA CENTER REPORTED HIGHER MORTALITY RATES FOR TRAUMA PATIENTS SECOND, THE STUDY FOUND THAT FIVE OF THE TOP SIX COUNTIES WITH THE HIGHEST MORTALITY RATES ARE IN THE TRAUMA SERVICE AREA SERVED BY TMH THIRD, THE AUTHORS OF THE STUDY RECOMMENDED THAT, "TRAUMA CENTERS SHOULD BE PLACED IN TALLAHASSEE AND IN BAY COUNTY, WHICH DO NOT CURRENTLY HAVE A TRAUMA CENTER" TMH'S TRAUMA SERVICE AREA INCLUDES THE FOLLOWING COUNTIES CALHOUN, FRANKLIN, GADSDEN, JACKSON, JEFFERSON, LEON, LIBERTY, MADISON, TAYLOR, AND WAKULLA LIKE EMERGENCY CENTERS AT MOST SAFETY-NET HOSPITALS, THE TALLAHASSEE MEMORIAL BIXLER EMERGENCY CENTER HAS ALWAYS EXPERIENCED AN OPERATING LOSS HOWEVER, WHEN TMH BECAME A DESIGNATED LEVEL II TRAUMA CENTER, THIS LOSS INCREASED DUE TO THE EXPENSE OF OPERATING A TRAUMA PROGRAM THE TRAUMA SERVICE CONSISTS OF FIVE TRAUMA SURGEONS THE TRAUMA TEAM ALSO INCLUDES EMERGENCY PHYSICIANS, STAFF MEMBERS AND SERVICES FROM A VARIETY OF DEPARTMENTS WITHIN THE HOSPITAL A WIDE VARIETY OF SPECIALTY PHYSICIANS ARE AVAILABLE AS NEEDED OUR TRAUMA SERVICES DEPARTMENT ALSO INCLUDES A FULL-TIME TRAUMA PHYSICIAN ASSISTANT, NURSE TRAUMA REGISTRAR, AND TRAUMA PROGRAM MANAGER THE TRAUMA CENTER HAS AN ANNUAL OPERATING BUDGET OF \$1,800,000 - 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 2012, THE NET OPERATING LOSS OF THE NEUROSCIENCE CENTER WAS \$423,983 > 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 TRAINING COURSE FOR CAREGIVERS CALLED "ALZHEIMER 101" OTHER PROGRAMS INCLUDE A MONTHLY SUPPORT GROUP FOR CAREGIVERS, SILVER ALERT PRESENTATIONS, ADI TRAINING, 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 HEALTHCARE IN SURROUNDING RURAL COMMUNITIES, TALLAHASSEE MEMORIAL OPERATES FIVE FAMILY MEDICINE PRACTICES, WITH TWELVE PHYSICIANS AND FOUR ADVANCED REGISTERED NURSE PRACTITIONERS, THROUGHOUT THE BIG BEND WITH OFFICES LOCATED IN GADSDEN, JEFFERSON, TAYLOR, WAKULLA, AND CALHOUN COUNTIES IN 2011, TMH PHYSICIAN PARTNERS - MARIANNA CARDIOLOGY SPECIALISTS WAS ESTABLISHED IN RESPONSE TO THAT AREA'S GROWING NEED FOR CARDIAC CARE - THE RURAL COMMUNITY PREVIOUSLY HAD NO FULL TIME CARDIAC CARE DURING 2012, THESE CLINICS OPERATED AT A LOSS OF \$1,896,506 - PROSTATE SCREENING IN 2012, TALLAHASSEE MEMORIAL OFFERED A FREE PROSTATE CANCER SCREENING FOR MORE THAN 200 MEN PROSTATE CANCER IS</p>

Identifier	ReturnReference	Explanation
INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	<p>THE MOST COMMON CANCER AMONG MEN AND THE SECOND LEADING CAUSE OF DEATH THE SCREENING EDUCATED MEN ABOUT THE WARNING SIGNS AND 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 - TRANSITION CENTER IN FEBRUARY 2011, TALLAHASSEE MEMORIAL OPENED THE TRANSITION CENTER, AN INNOVATIVE FACILITY THAT PROVIDES FOLLOW-UP CARE TO TALLAHASSEE MEMORIAL PATIENTS WHO HAVE RECENTLY BEEN DISCHARGED FROM THE HOSPITAL AND MAY BE AT HIGH RISK FOR READMISSION WHETHER THESE PATIENTS ARE AT RISK OF READMISSION BECAUSE THEY DO NOT HAVE A PRIMARY CARE PHYSICIAN, DO NOT HAVE INSURANCE, OR CANNOT SEE THEIR OWN DOCTOR IN A REASONABLE PERIOD AFTER LEAVING THE HOSPITAL, THE TRANSITION CENTER ACTS AS A SAFETY NET, HELPING THEM TO AVOID A SECOND HOSPITAL STAY CREATED IN PARTNERSHIP WITH CAPITAL HEALTH PLAN, THE TRANSITION CENTER IS A PLACE WHERE HEALTHCARE PROFESSIONALS CAN CONNECT PATIENTS TO ANY CARE THEY MAY NEED FOLLOWING THEIR TIME IN THE HOSPITAL, WHETHER THIS MEANS FILLING PRESCRIPTIONS, ARRANGING PHYSICAL THERAPY OR OTHER REHABILITATION SERVICES, OR GETTING IN TOUCH WITH CASE MANAGEMENT OR SOCIAL WORK FOR INTERVENTION BY THE END OF THE YEAR, THE TRANSITION CENTER HAD TREATED MORE THAN 600 PATIENTS, REDUCING EMERGENCY ROOM VISITS AND HOSPITAL READMISSIONS FOR THE IDENTIFIED, HIGH-RISK POPULATION BY AN ASTOUNDING 61 PERCENT DURING 2012, THE TRANSITION CENTER OPERATED AT A LOSS OF \$424,745 EDUCATING FUTURE HEALTH CARE PROVIDERS TALLAHASSEE MEMORIAL CONTRIBUTES MILLIONS OF DOLLARS EACH YEAR TO THE CLINICAL EDUCATION OF HEALTHCARE PROFESSIONALS THIS INCLUDES 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 NORTH FLORIDA AND SOUTH GEORGIA, AND CONTINUING MEDICAL EDUCATION FOR PHYSICIANS IN OUR COMMUNITY TALLAHASSEE MEMORIAL 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 814 ACRES OF UNDEVELOPED LAND IT OWNS BEHIND THE HOSPITAL IN AUGUST 2011, TALLAHASSEE MEMORIAL WELCOMED MORE THAN 400 TCC STUDENTS TO THE HOSPITAL'S CAMPUS WITH THE OPENING OF THE NEW GHAZVINI CENTER FOR HEALTHCARE EDUCATION THE 85,000-SQUARE-FOOT, THREE-STORY EDUCATIONAL CENTER INCLUDES SIX CLASSROOMS, 13 LABORATORIES, A MULTI-PURPOSE LIBRARY AND LEARNING COMMONS, SIX SIMULATION CENTERS, PLUS ADDITIONAL SPACE FOR EXPANSION AND A 296-SEAT AUDITORIUM THE CENTER IS EXPECTED TO BE HOME TO AS MANY AS 900 STUDENTS WITHIN FIVE YEARS ONE OF TMH'S MOST SIGNIFICANT CONTRIBUTIONS TO THE EDUCATION FOR HEALTHCARE 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 320 GRADUATES SINCE ITS INCEPTION IN 1973 OF THOSE, 135 HAVE CHOSEN TO REMAIN IN TMH'S SERVICE AREA HELPING TO ENSURE ACCESS TO PRIMARY HEALTHCARE OF RESIDENTS OF THE BIG BEND IN THE FALL OF 2011, TALLAHASSEE MEMORIAL AND THE FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE ESTABLISHED A JOINT INTERNAL MEDICINE RESIDENCY PROGRAM FOR THE BIG BEND REGION THE INTERNAL MEDICINE RESIDENCY PROGRAM CURRENTLY HAS EIGHT RESIDENTS, BUT WILL BUILD TO A COMPLEMENT OF 24 RESIDENTS WITHIN A THREE YEAR PERIOD DURING 2012, BOTH RESIDENCY PROGRAMS OPERATED AT A NET LOSS OF \$8,029,806 NURSING EDUCATION AND ADVANCEMENT ARE A KEY FOCUS THE PROFESSIONAL DEVELOPMENT MODEL MANAGED BY THE PRACTICE COUNCIL PROVIDES NURSES WITH THE OPPORTUNITY TO EXCEL IN THEIR PROFESSIONAL PRACTICE AND TO ENHANCE PROFESSIONAL RELATIONSHIPS BETWEEN NURSES AND OTHER HEALTHCARE PROVIDERS DURING 2012, TMH COLLEAGUES CONTRIBUTED THEIR NURSING EXPERTISE TO MORE THAN 50 DIFFERENT COMMUNITY PROJECTS TALLAHASSEE MEMORIAL</p>

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM INFORMATION	PART VI, LINE 6	NOT APPLICABLE

Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7	NOT APPLICABLE

Schedule H (Form 990) 2011

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-1917016

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

(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				
(1) G MARK O'BRYANT	(i) 561,423 (ii) 0	200,000 0	24,390 0	214,700 0	8,384 0	1,008,897 0	0 0
(2) WILLIAM GIUDICE	(i) 368,787 (ii) 0	54,377 0	10,582 0	14,700 0	8,384 0	456,830 0	0 0
(3) STEVEN ADRIAANSE	(i) 247,335 (ii) 0	31,826 0	5,183 0	14,700 0	7,322 0	306,366 0	0 0
(4) WARREN JONES	(i) 156,170 (ii) 0	17,327 0	5,508 0	11,109 0	7,621 0	197,735 0	0 0
(5) BARBARA MACARTHUR	(i) 211,450 (ii) 0	21,685 0	1,798 0	14,246 0	1,229 0	250,408 0	0 0
(6) CYNTHIA BLAIR	(i) 182,965 (ii) 0	21,194 0	2,121 0	12,377 0	1,005 0	219,661 0	0 0
(7) PAULA S FORTUNAS	(i) 179,142 (ii) 0	20,000 0	3,198 0	12,247 0	4,164 0	218,752 0	0 0
(8) JASON H MOORE	(i) 362,839 (ii) 0	36,076 0	2,212 0	14,700 0	9,344 0	425,171 0	0 0
(9) DONALD LINDSEY	(i) 192,020 (ii) 0	18,725 0	1,188 0	9,659 0	8,389 0	229,980 0	0 0
(10) EDWARD EASTMAN MD	(i) 178,460 (ii) 0	302,689 0	4,032 0	14,700 0	8,384 0	508,265 0	0 0
(11) MICHAEL A GLAZE MD	(i) 170,639 (ii) 0	336,127 0	162 0	14,700 0	7,200 0	528,828 0	0 0
(12) WILLIAM MILLER MD	(i) 192,618 (ii) 0	320,833 0	270 0	14,700 0	127 0	528,548 0	0 0
(13) JOSHUA SIMMONS MD	(i) 167,128 (ii) 0	353,994 0	162 0	14,700 0	3,538 0	539,523 0	0 0
(14) MARCUS S WILLETT MD	(i) 155,134 (ii) 0	283,622 0	172 0	14,700 0	8,384 0	462,011 0	0 0
(15) DEAN WATSON MD	(i) 306,171 (ii) 0	38,500 0	18,404 0	14,700 0	9,336 0	387,111 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
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
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)****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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.

Name of the organization TALLAHASSEE MEMORIAL HEALTHCARE INC	Employer identification number 59-1917016
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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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF TALLAHASSEE	59-6000435		09-12-2008	600,000	PURCHASE OF SLEEP CENTER EQUIPMENT		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		0		0		0		0	
2	Amount of bonds defeased		0						
3	Total proceeds of issue		600,000						
4	Gross proceeds in reserve funds		0						
5	Capitalized interest from proceeds		0						
6	Proceeds in refunding escrow		0						
7	Issuance costs from proceeds		0						
8	Credit enhancement from proceeds		0						
9	Working capital expenditures from proceeds		0						
10	Capital expenditures from proceeds		600,000						
11	Other spent proceeds		0						
12	Other unspent proceeds		0						
13	Year of substantial completion		2009						

14	Were the bonds issued as part of a current refunding issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	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	
	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 entered into a hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider	0							
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							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Yes No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

- 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.

**Open to Public
Inspection**

Name of the organization

TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number

59-191701

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.

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

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.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
DETAIL OF BUSINESS TRANSACTIONS WITH INT PERSONS	FORM 990, SCHEDULE L, PART IV, ITEM 3	THE \$113,806 HEART SURGERY CENTER AMOUNT REPORTED REPRESENTS THE AGGREGATE REPORTING OF TWO SEPERATE TRANSACTION FLOWS HEART SURGERY CENTER PAID TALLAHASSEE MEMORIAL HOSPITAL ("TMH") \$68,925 IN RENTAL PAYMENTS DURING THE FISCAL YEAR, WHILE TMH PAID HEART SURGERY CENTER \$44,881 IN PHYSICIAN INCOME GUARANTEES DURING THE FISCAL YEAR FORM 990, SCHEDULE L, PART IV, ITEM 3 THE \$264,141 TALLAHASSEE NEUROLOGICAL CLINIC (THE "CLINIC") AMOUNT REPORTED REPRESENTS THE AGGREGATE REPORTING OF TWO SEPERATE TRANSACTION FLOWS THE CLINIC PAID TMH \$211,730 IN RENTAL PAYMENTS DURING THE FISCAL YEAR, WHILE TMH PAID THE CLINIC \$52,411 IN MEDICAL DIRECTOR FEES DURING THE FISCAL YEAR

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	369,159	CONSULTING SERVICES		No
SOUTHERN MEDICAL GROUP	SIMILAR DIRECTOR/SHARHLDR	13,469,983	PROPERTY RENTAL/PROF SRV PYMTS		No
HEART SURGERY CENTER	SIMILAR DIRECTOR/SHARHLDR	113,806	PROPERTY RENTAL/INC GUARANTEE		No
TALLAHASSEE NEUROLOGICAL CLINIC	SIMILAR DIRECTOR/SHARHLDR	264,141	PROPERTY RENTAL/PROF SRV PYMTS		No
PATHOLOGY ASSOCIATES	SIMILAR DIRECTOR/OFFICER	288,411	MEDICAL SERVICES		No
TALLAHASSEE PRIMARY CARE	SIMILAR DIRECTOR/SHARHLDR	289,783	PHYSICIAN INCOME GUARANTEES		No
TIM FORTUNAS	FAMILY MEMBER OF OFFICER	33,683	EMPLOYMENT		No
PATRICIA FAYE JONES	FAMILY MEMBER OF OFFICER	105,239	EMPLOYMENT		No
VIVIAN MOORE	FAMILY MEMBER OF OFFICER	105,732	EMPLOYMENT		No
TERRY SHERRADEN	FAMILY MEMBER OF DIRECTOR	28,689	EMPLOYMENT		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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 Books, toys,				
25 Other ► (<u>giftcards</u>)	X	151	43,215	Actual Cost
Employee Recognition				
26 Other ► (<u>Meals</u>) Lift Chair, Isolette covers and	X	3	341	Actual Cost
27 Other ► (<u>OTC drugs</u>)	X	2	1,165	Actual Cost
28 Other ► (_____)				
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		

Yes No

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

30a Yes No

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 Yes No

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

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 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
TALLAHASSEE MEMORIAL HEALTHCARE INC**Employer identification number**
59-1917016

Identifier	Return Reference	Explanation
REASON FOR FILING AN AMENDED RETURN	FORM 990, PART VII, SECTION B	
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11	INFORMATION RELATED TO TMH'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION. THE 2011 FORM 990 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2012 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, LLC, 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 OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	CHANGE IN ADD'L MIN PENSION LIABILITY \$ 2,762,538 CHANGE IN FMV OF DERIVATIVE INSTRUMENT 2,093,485 UNREALIZED GAIN/(LOSS) ON INVESTMENTS - DEPRECIATION (18,473) ----- TOTAL \$ 4,837,550
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KIM WILLIAMS TITLE CHAIRPERSON HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME G MARK O'BRYANT TITLE CEO/PRESIDENT HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM GIUDICE TITLE VP/CFO HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAULA S FORTUNAS TITLE VP/CHIEF ADVANCEMENT OFFICER HOURS 40

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

2011

► 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.

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InspectionDepartment of the Treasury
Internal Revenue Service

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
(1) HEALTH VENTURES PAIN MANAGEMENT LLC 1401 CENERVILLE RD STE 210 TALLAHASSEE, FL 32303 20-2928736	HOLDING CO	FL	0	0	TMHV
(2) HEALTH VENTURES SURGICAL CENTER LLC 1309 THOMASVILLE ROAD TALLAHASSEE, FL 32303 27-2216350	HOLDING CO	FL	0	0	TMHV
(3) MEDICUS SELECT LLC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 45-2980304	LEASED LABOR	FL	0	276,699	TMH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SOUTHEAST COMMUNITY HEALTH SERVICES INC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 58-1434992	HOLDING CO	FL	501(C) 25	N/A	TMH	Yes	
(2) TALLAHASSEE MEMORIAL HEALTHCARE FDN 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 59-1727645	FUNDRAISING	FL	501(C) 3	7	TMH	Yes	

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.)

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
(1) TALLAHASSEE MEMORIAL HEALTH VENTURES INC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 59-2717050	HOLDING COMPA	FL	TMH	C CORP	483,204	11,479,838	100 000 %
(2) PRIME MERIDIAN HEALTH VENTURES INC 1309 THOMASVILLE ROAD TALLAHASSEE, FL 32303 59-2668613	DIAGNOSTIC IM	FL	TMHV	C CORP			
(3) TALLAHASSEE MEMORIAL TELEPHONE COMPANY 1309 THOMASVILLE ROAD TALLAHASSEE, FL 32303 59-3395937	TELEPHONE COM	FL	TMHV	C CORP			
(4) PREMIER HEALTH & FITNESS CENTER INC 3521 MACLAY BOULEVARD TALLAHASSEE, FL 32312 59-2471569	FITNESS CENTE	FL	TMHV	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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		No

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

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 (\$)	(d) Method of determining amount involved
(1)	SOUTHEAST COMMUNITY HEALTH SERVICES	A	26,000	FMV
(2)	SOUTHEAST COMMUNITY HEALTH SERVICES	J	580,000	FMV
(3)	SOUTHEAST COMMUNITY HEALTH SERVICES	N,P	48,000	FMV
(4)	TALLAHASSEE MEMORIAL FOUNDATION	C	512,367	FMV
(5)	TALLAHASSEE MEMORIAL FOUNDATION	N,P	829,000	FMV
(6)	TALLAHASSEE MEMORIAL HEALTH VENTURES INC	A,I	1,402,000	FMV
(7)	MEDICUS SELECT LLC	N	6,595,000	FMV
(8)	TALLAHASSEE MEMORIAL HEALTH VENTURES INC	J	254,000	FMV

TY 2011 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.
\$52,859 \$506,289,395 THIS ORGANIZATION HAS MADE THE
LOBBYING ELECTION UNDER I.R.C. SECTION 501(H) FOR THE TAX
YEAR ENDED SEPTEMBER 30, 2012. THIS ELECTION HAS NOT BEEN
REVOKEDED BEFORE THE START OF THE ORGANIZATION'S TAX YEAR
THAT BEGAN IN 2011. -----

DIRECT OTHER LOBBYING EXEMPT PURPOSE NAME OF NON-
ELECTING ORGANIZATION EXPENDITURES EXPENDITURES

----- SOUTHEAST COMMUNITY HEALTH SRVS, INC.
\$NONE \$ 248,062 TALLAHASSEE MEMORIAL HEALTHCARE FND
NONE 1,304,151 ----- ----- ----- \$NONE \$ 1,552,213
TOTALS \$45,359 \$507,841,608 =====
=====

Tallahassee Memorial Hospital

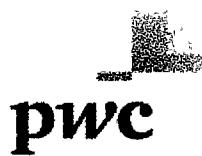
(A division of Tallahassee Memorial HealthCare, Inc.)

Financial Statements and Supplemental Data

September 30, 2012 and 2011

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Index
September 30, 2012 and 2011

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Report of Independent Certified Public Accountants

To the Board of Directors of
Tallahassee Memorial HealthCare, Inc

In our opinion, the accompanying balance sheets and the related statements of operations, of changes in net assets and of cash flows present fairly, in all material respects, the financial position of Tallahassee Memorial Hospital (a division of Tallahassee Memorial HealthCare, Inc) (the "Hospital") at September 30, 2012 and 2011, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is fluid and cursive, with "PricewaterhouseCoopers" on the top line and "LLP" on the bottom line.

December 10, 2012

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Balance Sheets
September 30, 2012 and 2011

	2012	2011
Assets		
Current assets		
Cash and cash equivalents	\$ 157,456,550	\$ 157,666,504
Short-term investments	1,546,439	1,542,222
Assets limited as to use	14,024,309	13,774,226
Patient accounts receivable, net of allowance for doubtful accounts of approximately \$57,298,000 and \$47,514,000 as of September 30, 2012 and 2011, respectively	53,985,988	49,104,979
Inventories	7,980,634	6,902,669
Due from Medicare	2,936,552	725,201
Other current assets	10,445,445	7,085,485
Total current assets	<u>248,375,917</u>	<u>236,801,286</u>
Assets limited as to use		
Held by trustee	30,276,447	30,083,054
Less amount required to meet current obligations	(14,024,309)	(13,774,226)
Total assets limited as to use	<u>16,252,138</u>	<u>16,308,828</u>
Long-term investments	27,300	27,300
Property, plant and equipment, net	241,269,468	223,893,781
Due from TMH, Inc	5,771,897	5,963,535
Other assets	10,718,307	7,300,557
Total assets	<u>\$ 522,415,027</u>	<u>\$ 490,295,287</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 45,720,902	\$ 42,642,749
Current portion of long-term debt	5,872,645	5,889,861
Current portion of pension liability	16,642,774	18,039,917
Other current liabilities	9,127,796	11,600,338
Total current liabilities	<u>77,364,117</u>	<u>78,172,865</u>
Long-term debt, net of current portion	133,808,911	136,217,602
Long-term pension liability	145,520,492	142,056,253
Other liabilities	24,169,804	35,507,250
Total liabilities	<u>380,863,324</u>	<u>391,953,970</u>
Commitments and contingencies		
Net assets, unrestricted	<u>141,551,703</u>	<u>98,341,317</u>
Total liabilities and net assets	<u>\$ 522,415,027</u>	<u>\$ 490,295,287</u>

The accompanying notes are an integral part of these financial statements

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Statements of Operations
Years Ended September 30, 2012 and 2011

	2012	2011
Unrestricted revenues, gains and other support		
Net patient service revenue (net of contractual allowances and discounts)	\$ 556,125,419	\$ 526,855,659
Provision for bad debts	(75,310,027)	(68,749,715)
Net patient service revenue less provision for bad debts	480,815,392	458,105,944
Other revenue	8,842,181	3,623,198
Total revenues, gains and other support	489,657,573	461,729,142
Expenses		
Salaries, wages and benefits	241,128,904	213,763,579
Supplies and other	151,686,461	139,751,252
Professional fees	30,129,629	14,525,803
Depreciation and amortization	19,788,495	17,198,833
Interest	9,054,292	8,772,814
Total expenses	451,787,781	394,012,281
Operating income	37,869,792	67,716,861
Other revenues and expenses, net	2,365,920	(1,321,017)
Excess of revenues over expenses	40,235,712	66,395,844
Net assets released from restrictions used for purchase of equipment	212,136	431,409
Change in pension liability	2,762,538	(36,261,141)
Increase in unrestricted net assets	\$ 43,210,386	\$ 30,566,112

The accompanying notes are an integral part of these financial statements

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Statements of Changes in Net Assets
Years Ended September 30, 2012 and 2011

	2012	2011
Unrestricted net assets		
Excess of revenues over expenses	\$ 40,235,712	\$ 66,395,844
Net assets released from restrictions used for purchase of equipment	212,136	431,409
Change in pension liability	2,762,538	(36,261,141)
Increase in unrestricted net assets	<u>43,210,386</u>	<u>30,566,112</u>
Temporarily restricted net assets		
Contributions	212,136	431,409
Net assets released from restrictions used for purchase of equipment	(212,136)	(431,409)
Increase in temporarily restricted net assets	<u>-</u>	<u>-</u>
Increase in net assets	<u>43,210,386</u>	<u>30,566,112</u>
Net assets		
Beginning of year	<u>98,341,317</u>	<u>67,775,205</u>
End of year	<u>\$ 141,551,703</u>	<u>\$ 98,341,317</u>

The accompanying notes are an integral part of these financial statements

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Statements of Cash Flows
Years Ended September 30, 2012 and 2011

	2012	2011
Cash flows from operating activities		
Change in net assets	\$ 43,210,386	\$ 30,566,112
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	19,788,495	17,198,833
Depreciation on office space rental property	1,101,647	1,641,791
Amortization of bond discount and bond issue costs	264,530	264,530
Net realized and unrealized (gains) losses on trading securities	(318,551)	23,178
Change in fair value of derivative	(2,093,485)	233,482
Provision for bad debts	75,310,027	68,749,715
Change in pension liability	2,067,096	35,883,648
(Gain) loss on sale of equipment	(54,559)	69,646
Restricted contributions	(212,136)	(431,409)
(AIncrease) decrease in		
Patient accounts receivable	(80,191,036)	(79,096,148)
Inventories	(1,077,965)	(326,246)
Due from Medicare	(2,211,351)	2,723,644
Other current assets	(3,359,960)	(700,587)
Other assets	(3,654,396)	-
Increase (decrease) in		
Accounts payable and accrued expenses	3,078,153	(11,595,135)
Other current liabilities	(2,472,542)	38,863
Other liabilities	<u>(9,243,961)</u>	<u>(6,304,684)</u>
Net cash provided by operating activities	<u>39,930,392</u>	<u>58,939,233</u>
Cash flows from investing activities		
Purchases of property, plant and equipment	(34,898,471)	(24,601,275)
Proceeds from disposals of equipment	54,559	53,565
Investments		
Purchases of investments	(4,217)	(14,927)
Assets limited as to use		
Purchases of investments	(6,045,004)	(4,676,175)
Proceeds from sales and maturities of investments	6,170,162	6,395,030
Decrease (increase) in notes receivable and deposits	<u>81,842</u>	<u>(2,230,868)</u>
Net cash used in investing activities	<u>(34,641,129)</u>	<u>(25,074,650)</u>
Cash flows from financing activities		
Payments on capital lease obligations	(1,057,991)	(956,833)
Payments on long-term debt	(4,845,000)	(4,555,002)
Decrease (increase) in due from TMH, Inc	191,638	(427,150)
Restricted contributions	<u>212,136</u>	<u>431,409</u>
Net cash used in financing activities	<u>(5,499,217)</u>	<u>(5,507,576)</u>
Net (decrease) increase in cash and cash equivalents	<u>(209,954)</u>	<u>28,357,007</u>
Cash and cash equivalents		
Beginning of year	<u>157,666,504</u>	<u>129,309,497</u>
End of year	<u>\$ 157,456,550</u>	<u>\$ 157,666,504</u>
Supplemental disclosures of cash flow information		
Purchases of building and equipment under capital lease obligations	\$ 3,367,358	\$ 8,396,819
Interest paid on debt obligations	8,859,300	8,943,600

The accompanying notes are an integral part of these financial statements

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

1. Summary of Significant Accounting Policies

Organization and Reporting Entity

Tallahassee Memorial HealthCare, Inc and Subsidiaries ("TMH, Inc") is a not-for-profit corporation, which primarily operates as Tallahassee Memorial Hospital (the "Hospital") in Tallahassee, Florida. The Hospital provides inpatient, outpatient and emergency care services as well as skilled nursing and psychiatric care to residents in the Big Bend area of Florida. The Hospital is used to distinguish the hospital division from TMH, Inc's consolidated financial statements, which are TMH, Inc's primary financial statements. The accompanying financial statements of the Hospital are not intended to be the primary financial statements of TMH, Inc. These financial statements are prepared for regulatory purposes.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting. Net assets are identified as unrestricted, temporarily restricted, or permanently restricted.

- **Unrestricted** – Net assets that are not subject to donor-imposed restrictions
- **Temporarily restricted** – Net assets whose use by the Hospital is subject to donor-imposed stipulations that can be fulfilled by actions of the Hospital pursuant to those stipulations or that expire by the passage of time. At September 30, 2012 and 2011, the Hospital has no temporarily restricted net assets.
- **Permanently restricted** – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Hospital. At September 30, 2012 and 2011, the Hospital has no permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The significant estimates involve accounting for the allowance for doubtful accounts and contractual allowances, due from Medicare, self-insurance liabilities, accrued pension liability and depreciation and amortization expense.

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less when purchased.

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

Investments

Short-term and long-term investments consist primarily of certificates of deposit with maturities of less than one year, money market funds, and equities. All investments in debt securities and marketable equity securities with readily determinable fair values are measured at fair value in the accompanying balance sheets. Investment income or loss (including unrealized and realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses for trading securities except for income or loss that is restricted by donor or law. Unrealized gains and losses on short-term and long-term investments classified as other than trading securities are excluded from the excess of revenues over expenses. The Hospital evaluates the nature and classification of securities on a periodic basis under Accounting Standards Codification ("ASC") 958, *Not-for-Profit Entities* ("ASC 958").

Assets Limited as to Use

Assets limited as to use include assets held by trustees under indenture agreements and self-insurance trust arrangements. Amounts required to meet current liabilities of the Hospital have been presented as current assets in the accompanying balance sheets. Assets limited as to use are classified as trading or other than trading securities and stated at fair value. Amounts consist of cash and cash equivalents, corporate obligations, U.S. government and agency obligations, mutual funds and equities. The Hospital evaluates the nature and classification of securities on a periodic basis, and has designated all securities as trading.

Inventories

Inventories consist principally of unused supplies and are stated at the lower of cost (first-in, first-out method) or market.

Property, Plant and Equipment

Property, plant and equipment is stated at cost. Depreciation and amortization is computed on the straight-line method over the estimated useful lives of the assets generally as follows:

	Estimated Useful Lives
Building and building improvements	5-40
Leasehold improvements	5-25
Equipment	3-20

Expenditures for additions and improvements are capitalized. Costs incurred to acquire material and services in obtaining and installing internal-use software and payroll costs directly spent on the installation of such software are capitalized. Training and maintenance fees are expensed as incurred. Expenditures for maintenance and repairs are charged to operations as incurred. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed from the respective accounts and any gain or loss is included in other revenues and expenses, net.

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

Debt Issuance Costs

Debt issuance costs incurred in connection with the Health Facilities Revenue Bonds, Health Facilities Revenue Refunding Bonds and Healthcare Facilities Subordinated Revenue Bonds are being amortized over their respective terms utilizing the straight-line method, which approximates the effective interest method. As of September 30, 2012 and 2011, debt issuance costs of approximately \$3,574,000, net of accumulated amortization of approximately \$2,235,000 and \$2,080,000, respectively, remain to be amortized over future periods and are included in other assets in the accompanying balance sheets.

Accrued Self-Insurance Liabilities

The provision for estimated self-insured professional liability (malpractice), workers' compensation and employee health includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The current portion of professional liability, workers' compensation and employee health are included in other current liabilities and the long-term portion is included in other liabilities in the balance sheets.

Net Patient Service Revenue

The components of net patient service revenue for the years ended September 30, 2012 and 2011 are as follows:

	2012	2011
Gross patient service revenue	\$ 1,631,937,645	\$ 1,483,636,094
Contractual adjustments and other deductions	<u>(1,075,812,226)</u>	<u>(956,780,435)</u>
Net patient service revenue	<u><u>\$ 556,125,419</u></u>	<u><u>\$ 526,855,659</u></u>

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party 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 81% and 83% of the Hospital's net patient accounts receivable at September 30, 2012 and 2011, respectively, 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 receivable are stated at their estimated net realizable value as determined by management. Management's estimate is based on an assessment of historical and expected net collections, considering business and economic conditions, trends in health care coverage, and other collection indicators.

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

Interest Expense

Cash payments for interest were approximately \$8,859,000 and \$8,944,000 for the years ended September 30, 2012 and 2011, respectively. Interest expense charged to operations for the years ended September 30, 2012 and 2011 is summarized as follows

	2012	2011
Interest cost		
Total interest cost	\$ 9,054,292	\$ 9,160,764
Net interest expense	<u>\$ 9,054,292</u>	<u>\$ 9,160,764</u>
Interest expense classified as		
Operating	\$ 9,054,292	\$ 8,772,814
Nonoperating	- 387,950	
	<u>\$ 9,054,292</u>	<u>\$ 9,160,764</u>

Excess of Revenues Over Expenses

The statements of operations include excess of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, consistent with industry practice, include net assets released from restrictions used for purchases of equipment and the change in pension liability

Charity Care

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. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue

Donor-Restricted Gifts

Donor-restricted contributions, other than for equipment, whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements

Other Revenues and Expenses, Net

Other revenues and expenses, net consist primarily of interest income, rental income and the related expenses incurred to maintain rental property and the total change in the fair value of the derivative

Derivatives

The Hospital recognizes the asset or liability for derivative instruments on the balance sheets at fair value and the amount is included in other liabilities in the balance sheets. The market value of the derivative instrument at September 30, 2012 and 2011 was approximately \$(2,466,000) and \$(4,559,000), respectively. Changes in the fair value of derivatives are recorded each period in excess of revenues over expenses or as a change in unrestricted net assets, depending on the type of hedge transaction

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

On March 22, 2001, the Hospital entered into a "Basis Rate Swap" agreement with a financial institution to receive or pay the spread between two variable interest rates for a notional amount equal to the outstanding principal on the Series 2000 Bond Issue. The purpose of the Basis Rate Swap is to reduce interest cost over the life of the Series 2000 Bonds. However, the swap agreement does not meet the definition of a hedge. Consequently, changes in the fair value of the instrument are required to be recorded in the excess of revenues over expenses in the statements of operations. The changes in the market value of the swap required the recording of a gain and a (loss) of approximately \$2,093,000 and \$(233,000) in other revenues and expenses, net, in the accompanying statements of operations for the years ended September 30, 2012 and 2011, respectively. The gain and (loss) are unrealized and represent the amount the Hospital would be required to pay for the Basis Rate Swap at the end of the fiscal year.

The Hospital received and (paid) funds related to the Basis Rate Swap of approximately \$47,000 and \$(40,000) for the years ended September 30, 2012 and 2011, respectively, which is recorded in other revenues and expenses, net in the accompanying statements of operations. Furthermore, the Hospital was required to post collateral in the amount of approximately \$3,409,000 and \$3,609,000 at September 30, 2012 and 2011, respectively, as part of the margin call related to the Basis Rate Swaps. The cash collateral is recorded in assets limited as to use in the accompanying balance sheets.

Fair Value Measurements

The Hospital accounts for fair value in accordance with ASC 820, *Fair Value Measurement* ("ASC 820"). ASC 820 defines fair value, establishes a framework for measuring fair value under generally accepted accounting principles and enhances disclosures about fair value measurements. Fair value is defined under ASC 820 as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

ASC 820 establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value under ASC 820 must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Hospital for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

- Level 1 - Quoted prices in active markets for identical assets or liabilities
- Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

- Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

The following tables present the financial instruments carried at fair value as of September 30, 2012 and 2011, by caption on the balance sheets by the ASC 820 valuation hierarchy defined above

September 30, 2012	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets				
Cash, investments and assets limited as to use				
Cash and cash equivalents	\$ 179,368,613	\$ -	\$ -	\$ 179,368,613
U S government and agency obligations	-	7,101,989	-	7,101,989
Mutual funds	-	498,268	-	498,268
Equities	1,686,368	-	-	1,686,368
Corporate obligations	-	651,498	-	651,498
Total cash, investments and assets limited as to use	<u>181,054,981</u>	<u>8,251,755</u>	<u>-</u>	<u>189,306,736</u>
Total assets at fair value	<u>\$ 181,054,981</u>	<u>\$ 8,251,755</u>	<u>\$ -</u>	<u>\$ 189,306,736</u>
Liabilities				
Basis rate swap payable	\$ -	\$ 2,465,919	\$ -	\$ 2,465,919
Total liabilities at fair value	<u>\$ -</u>	<u>\$ 2,465,919</u>	<u>\$ -</u>	<u>\$ 2,465,919</u>

September 30, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets				
Cash, investments and assets limited as to use				
Cash and cash equivalents	\$ 179,990,901	\$ -	\$ -	\$ 179,990,901
U S government and agency obligations	-	7,149,600	-	7,149,600
Mutual funds	-	489,954	-	489,954
Equities	1,433,134	-	-	1,433,134
Corporate obligations	-	255,491	-	255,491
Total cash, investments and assets limited as to use	<u>181,424,035</u>	<u>7,895,045</u>	<u>-</u>	<u>189,319,080</u>
Total assets at fair value	<u>\$ 181,424,035</u>	<u>\$ 7,895,045</u>	<u>\$ -</u>	<u>\$ 189,319,080</u>
Liabilities				
Basis rate swap payable	\$ -	\$ 4,559,404	\$ -	\$ 4,559,404
Total liabilities at fair value	<u>\$ -</u>	<u>\$ 4,559,404</u>	<u>\$ -</u>	<u>\$ 4,559,404</u>

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

Following is a description of the Hospital's valuation methodologies for assets and liabilities measured at fair value

Fair value for Level 1 is based upon quoted prices in active markets that the Hospital has the ability to access for identical assets and liabilities. Market price data is generally obtained from exchange or dealer markets. The Hospital does not adjust the quoted price for such assets and liabilities.

Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers, and brokers.

Fair value for Level 3 is based on valuation techniques that use significant inputs that are unobservable as they trade infrequently or not at all.

Basis rate swaps are valued using both observable and unobservable inputs, such as quotations received from the counterparty, dealers or brokers, whenever available and considered reliable. In instances where models are used, the value of the interest rate swap depends upon the contractual terms of, and specific risks inherent in, the instrument as well as the availability and reliability of observable inputs. Such inputs include market prices for reference securities, yield curves, credit curves, measures of volatility, prepayment rates, assumptions for nonperformance risk, and correlations of such inputs. The basis rate swap arrangement has inputs which can generally be corroborated by market data and are therefore classified within Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Concentrations of Credit Risk

The Hospital maintains its cash and cash equivalents with several large institutions. All accounts at each financial institution are guaranteed by the Federal Deposit Insurance Corporation up to \$250,000 per bank. The Hospital has cash deposits which exceed the federally insured deposited amount. Management does not anticipate nonperformance by financial institutions.

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors on a net basis at September 30, 2012 and 2011 was as follows:

	2012	2011
Medicare	20%	23%
Medicaid	17%	16%
Managed Care	25%	25%
Blue Cross	16%	15%
Other	22%	21%
	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	100%	100%

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Recent Accounting Pronouncements

ASC 954, *Health Care Entities* ("ASC 954"), revised the guidance and requirements for acquisitions and mergers of not-for-profit entities. ASC 954 prescribes a model similar to ASC 805, *Business Combinations*, when a not-for-profit entity acquires another not-for-profit entity. Furthermore, goodwill is assigned to reporting units as prescribed in ASC 350 and amortization ceases, subject to annual impairment testing. In addition, ASU 2010-29, *Disclosure of Supplemental Information for Business Combinations*, was released to clarify the standard further. ASU 2010-29 clarifies that if an entity issues comparative financial statements, the pro forma information required by ASC 958-805-50 should be presented as if the acquisition occurred as of the beginning of the prior year, rolled forward through the current period. The Hospital adopted ASU 2010-29 as of October 1, 2011 and there was no material impact to its financial statements.

Accounting Standards Update ("ASU") 2011-07, *Presentation and Disclosure of Net Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts*, modifies the presentation of bad debts on the face of the statement of operations by presenting it directly beneath the patient service revenue line. In addition, the standard will require additional disclosures to provide greater clarity to users concerning revenue recognition specific to health care organizations. For nonpublic entities, ASU 2011-07 is effective for the first annual period ending after December 15, 2012. The Hospital has elected early adoption for the year ended September 30, 2012. There was no material impact to its financial statements upon adoption of ASU 2011-07.

ASU 2010-24, *Health Care Entities: Presentation of Insurance Claims and Related Insurance Recoveries*, revised the previous guidance specific to health care organizations related to insurance recoveries. Previously, health care organizations accounted for recoveries under a "transfer of risk" model, in which the loss accrued was limited to claims for which the risk of loss had not been transferred to an external insurance carrier. Once effective, health care entities must increase their historically reported malpractice liability for claims that are covered by insurance, and report a separate receivable for the expected insurance recoveries, to be recognized at the same time and measured on the same basis as the related liability, subject to a potential valuation allowance if necessary. ASU 2010-24 is effective for periods beginning after December 15, 2010. The Hospital adopted ASU 2010-24 as of October 1, 2011 and there was no material impact to its financial statements.

ASU 2010-23, *Measuring Charity Care for Disclosure*, clarifies and increases the level of disclosure surrounding a health care organization's charity care. ASU 2010-23 requires that the disclosure of the level of care provided using fully-loaded costs (i.e., all direct and indirect costs of providing the services), which is consistent with the charity care disclosure requirements in IRS Form 990 Schedule H for not-for-profit hospitals. Costs should be estimated using the best information available. The cost measurement is not required to be based upon specific identification or the use of a cost accounting system, management may estimate such costs using "reasonable techniques" such as multiplying a ratio of cost to gross charges by the gross uncompensated charges associated with charity care patients, however, the method utilized to derive the cost must be disclosed. Entities are also required to disclose the value of any funds received to offset or subsidize charity care provided during the period (e.g., contributions that are donor-restricted for charity care). ASU 2010-23 is effective for fiscal years beginning after December 15, 2010, with early adoption permitted. The new disclosures should be applied retrospectively for all periods presented. The Hospital adopted ASU 2010-23 as of October 1, 2011 and there was no material impact to its financial statements.

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In May 2011, the Financial Accounting Standards Board ("FASB") issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in US GAAP and IFRS*, an update to the standard on fair value measurements to develop common requirements for measuring fair value and for disclosing information about fair value measurements in accordance with U.S. generally accepted accounting principles ("U.S. GAAP") and International Financial Reporting Standards ("IFRS"). The amendments in this update change the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. The provisions of this update are effective for annual periods beginning after December 15, 2011. The Hospital is currently evaluating the provisions of this update and the impact this new standard will have on its financial statements.

In October 2012, the FASB issued ASU 2012-05, *Statement of Cash Flows*, which addresses how cash receipts arising from the sale of certain donated financial assets, such as securities, should be classified in the statement of cash flows for not-for-profit entities. As the classification of cash receipts from these kinds of assets have not been consistently classified, the amendments in this update seek to eliminate the current diversity of options available by determining the classification of proceeds based on any potential donor restrictions of the cash received for long-term purposes. The provisions of this amendment are effective for annual periods beginning after June 15, 2013. The Hospital does not expect a material impact to its financial statements upon adoption of ASU 2012-05.

2. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

Medicare

Inpatient acute care services, skilled nursing services, hospital outpatient services, rehabilitation services, psychiatric services and home health services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain outpatient services rendered to Medicare beneficiaries, and direct graduate medical education costs are paid based upon a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative interim rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

The Hospital's Medicare cost reports have been audited by the Medicare intermediary for all years through September 30, 2010, however, final settlement has not been issued by Medicare for fiscal years 2007 through 2010. Approximately 34% and 32% of net patient service revenue for the years ended September 30, 2012 and 2011, respectively, is subject to the provisions of Medicare agreements.

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Medicaid

Inpatient and outpatient services (except for laboratory and pathology services) rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. Reimbursable cost is determined in accordance with the principles of reimbursement established by the State of Florida Title XIX Hospital Reimbursement Plan supplemented by the Medicare Principles of Reimbursement. The interim rates are tentatively established on an individual per diem basis for each hospital, subject to cost ceilings with exceptions. The Hospital is reimbursed at a tentative rate with final settlement determined when the prospectively determined rate is adjusted as a result of intermediary audit of the cost report used in the establishment of the prospective rate. Retroactive adjustments for interim rate changes anticipated after the intermediary audit of the cost report are accrued on an estimated basis and adjusted in the period when final settlements are determined. The Hospital's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2008, however, the revised audited per diem rates have not been issued by Medicaid. Approximately 3% and 6% of net patient service revenue for each of the years ended September 30, 2012 and 2011, respectively, is related to services provided to Medicaid patients.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Other

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. Some of these arrangements provide for review of paid claims for compliance with the terms of the contract and result in retroactive settlement with third parties. Retroactive adjustments for other third party claims are recorded in the period when final settlement is determined.

3. Charity Care

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and equivalent service statistics. The direct and in-direct costs estimated by the Hospital related to charity care were approximately \$19,478,000 and \$17,535,000 as of September 30, 2012 and 2011, respectively. The costs were estimated using the best information available to management using the cost to charge ratio. There were no funds received related to offsetting or subsidizing charity care.

4. Tax Status

The Hospital is organized as a Florida not-for-profit corporation and is exempt from payment of income taxes under Internal Revenue Code Section 501(c)(3). The Internal Revenue Code provides for taxation of unrelated business income under certain circumstances.

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5. Investments and Assets Limited as to Use

The composition of assets limited as to use at September 30, 2012 and 2011 is set forth in the following table

	2012	2011
Held by trustee under indenture agreements		
Cash, cash equivalents and short-term investments	\$ 16,817,156	\$ 16,824,630
U S government and agency obligations	6,211,345	6,217,602
	<hr/>	<hr/>
	23,028,501	23,042,232
Held by trustee for self-insurance funding arrangements		
Cash, cash equivalents and short-term investments	139,025	348,101
U S government and agency obligations	863,344	904,699
Mutual funds	498,268	489,955
Equities	1,686,368	1,433,134
Corporate obligations	651,498	255,490
	<hr/>	<hr/>
	3,838,503	3,431,379
Held by trustee as swap collateral		
Cash	3,409,443	3,609,443
	<hr/>	<hr/>
	\$ 30,276,447	\$ 30,083,054

Short-term and long-term investments, stated at fair value, at September 30, 2012 and 2011 include

	2012	2011
Private equities	\$ 27,300	\$ 27,300
Certificates of deposit	1,546,439	1,542,222
	<hr/>	<hr/>
	1,573,739	1,569,522
Less Long-term investments	(27,300)	(27,300)
	<hr/>	<hr/>
Short-term investments	\$ 1,546,439	\$ 1,542,222

Investment income for assets limited as to use, cash equivalents, and other investments are comprised of the following for the years ended September 30, 2012 and 2011

	2012	2011
Income		
Interest income	\$ 412,359	\$ 232,454
Unrealized gains (losses) on trading securities	318,551	(23,178)
	<hr/>	<hr/>
	\$ 730,910	\$ 209,276

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6. Property, Plant and Equipment

Property, plant and equipment as of September 30, 2012 and 2011 is summarized as follows

	2012	2011
Land	\$ 15,071,139	\$ 12,542,079
Buildings	268,530,133	258,903,140
Equipment	188,955,221	164,331,216
Leasehold improvements	<u>3,607,739</u>	<u>3,607,739</u>
	476,164,232	439,384,174
Less Accumulated depreciation	<u>(242,638,964)</u>	<u>(222,668,139)</u>
	233,525,268	216,716,035
Construction in progress	<u>7,744,200</u>	<u>7,177,746</u>
Property, plant and equipment, net	<u><u>\$ 241,269,468</u></u>	<u><u>\$ 223,893,781</u></u>

Depreciation and amortization expense for the years ended September 30, 2012 and 2011 was approximately \$19,788,000 and \$17,199,000, respectively. Depreciation expense on office space rental property for the years ended September 30, 2012 and 2011 was approximately \$1,102,000 and \$1,642,000, respectively, and was included in other revenues and expenses, net in the accompanying statements of operations. Construction in progress at September 30, 2012 consisted of facility renovations, parking deck renovations, construction of a free standing emergency room and other miscellaneous construction projects. Estimated costs to complete are approximately \$10,100,000.

The Hospital leases substantially all of its property, plant and equipment from the City of Tallahassee under the terms of a lease, as amended, which expires in September 2041. The lease is automatically extended one year each September 30 unless the City of Tallahassee or the Hospital elects to nullify that year's extension. Any such election will not affect automatic renewals in future years. Property, plant and equipment acquired by the Hospital becomes a part of the leased properties, but are owned by the City of Tallahassee and are subject to the terms of the lease agreement. Obligations incurred for such acquisitions are the direct responsibility and liability of the Hospital. The Hospital leases the facility for \$1 per year and is responsible for payment of related taxes, insurance, operating expenses and capital improvements of the property, plant and equipment.

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The Hospital leases a portion of its office and equipment under agreements which expire at various dates through 2018. Rent expense for the years ended September 30, 2012 and 2011 was approximately \$3,431,000 and \$3,190,000, respectively. As of September 30, 2012, future minimum rental payments required under noncancelable operating leases are

Years Ending	
2013	\$ 442,337
2014	355,311
2015	350,831
2016	269,605
2017	42,208
Thereafter	6,275
	<hr/>
	\$ 1,466,567

The Hospital leases office space to tenants under operating leases. Lease terms range from one to ten years.

7. Other Liabilities

Other liabilities consist of the following at September 30, 2012 and 2011

	2012	2011
Workers' compensation liability	\$ 1,278,096	\$ 1,278,096
Self-insured professional liability	11,103,231	14,540,126
Agency for HealthCare Administration statutory liability	2,776,982	2,695,097
Deferred compensation arrangement	1,456,270	1,347,753
Due to Medicaid	-	6,175,179
Asset retirement obligation	380,000	380,000
Fair value of interest rate swap	2,465,919	4,559,404
Obligation for supplemental executive retirement benefits	4,709,306	4,531,595
	<hr/>	<hr/>
	\$ 24,169,804	\$ 35,507,250

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8. Long-Term Debt

A summary of long-term debt and capital lease obligations at September 30, 2012 and 2011 follows

	2012	2011
Health Facilities Revenue Refunding Bonds, Series 1992B, interest of 6% at September 30, 2012 and 2011, final maturity December 2015	\$ 11,510,000	\$ 13,990,000
Health Facilities Revenue Refunding Bonds, Series 1994, interest of 6 625% at September 30, 2012 and 2011, final maturity December 2013	5,205,000	7,570,000
Health Facilities Revenue Bonds, Series 2000, interest of 6 25% to 6 375% at September 30, 2012 and 2011, final maturity December 2030	100,100,000	100,100,000
Healthcare Facilities Subordinated Revenue Bonds, Series 2008, interest of 9 3% at September 30, 2012 and 2011, final maturity June 2028	600,000	600,000
Capital lease obligations	<u>23,282,767</u>	<u>20,973,400</u>
	<u>140,697,767</u>	<u>143,233,400</u>
Less Net amortized bond discount	<u>(1,016,211)</u>	<u>(1,125,937)</u>
Total long-term debt	<u>139,681,556</u>	<u>142,107,463</u>
Less Current portion	<u>(5,872,645)</u>	<u>(5,889,861)</u>
Long-term portion	<u><u>\$ 133,808,911</u></u>	<u><u>\$ 136,217,602</u></u>

The Hospital, with the City of Tallahassee acting as a conduit, issued Health Facilities Revenue Refunding Bonds, Series 1987 and 1992B, of \$54,905,000 and \$38,840,000, respectively, in connection with two cross-over financings. In addition, Health Facilities Revenue Refunding Bonds, Series 1994 in the amount of \$21,835,000 were issued in October 1994. On December 1, 1994, the Hospital elected that the Series 1987 Bonds provide for the payment of the Series 1984 Bonds. At the same time, the Series 1992B Bonds and the Series 1994 Bonds provided for the payment of the Series 1987 Bonds. The Hospital granted the City of Tallahassee a security interest in its revenue at the time of closing of the Health Facilities Revenue Refunding Bonds, Series 1994, and the cross-over of the Series 1992B Bonds.

On November 7, 2000, the Hospital, with the City of Tallahassee acting as a conduit, issued Health Facility Revenue Bonds, Series 2000, in the amount of \$100,100,000 for certain construction, renovation, and purchase of equipment. Interest rates range from 6 25% to 6 375% with final maturity in December 2030. The Series 2000 Bonds are collateralized by the gross revenues of the Hospital.

On September 12, 2008, the Hospital, with the City of Tallahassee acting as a conduit, issued Healthcare Facilities Subordinated Revenue Bonds, Series 2008, in the amount of \$600,000 for the construction of a sleep center. The Bonds are privately placed and contain an interest rate of 9 3%.

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The Series 1992B Bonds and the Series 1994 Bonds currently outstanding are collateralized by the unconditional and irrevocable guarantee of MBIA, Inc (formerly the Municipal Bond Investors Assurance Corporation) The guarantee expires concurrently with the Bonds

The bond trust indentures require compliance with various restrictive covenants, such as minimum debt service coverage ratios, and include maintenance of certain debt service funds The Hospital was in compliance with various financial restrictive covenants at September 30, 2012 and 2011

Scheduled principal payments on long-term debt and the capital lease obligations are as follows

Years Ending	Long-Term Debt	Capital Lease Obligations
2013	\$ 5,150,000	\$ 2,146,204
2014	5,475,000	1,703,382
2015	3,680,000	1,638,798
2016	3,900,000	1,666,320
2017	4,140,000	1,707,978
Thereafter	<u>95,070,000</u>	<u>34,350,520</u>
	<u><u>\$ 117,415,000</u></u>	<u><u>43,213,202</u></u>
Less Amount representing interest under capital lease obligations		(19,930,435)
		<u><u>\$ 23,282,767</u></u>

The following equipment and buildings were financed under capital leases and are included in property, plant and equipment on the balance sheets at September 30, 2012 and 2011

	2012	2011
Equipment and buildings	\$ 27,592,550	\$ 24,029,898
Less Accumulated depreciation	<u>(5,572,844)</u>	<u>(3,759,744)</u>
	<u><u>\$ 22,019,706</u></u>	<u><u>\$ 20,270,154</u></u>

9. Self-Insurance

The Hospital has professional liability insurance coverage through a captive insurer on a claims-made basis The Hospital is currently self-insured for the first \$3,000,000 of each claim From May 1, 2003 through April 30, 2005, the Hospital was self-insured for the first \$5,000,000 of each claim From March 28, 2002 through April 30, 2003, the Hospital was self-insured for the first \$3,000,000 of each claim From March 15, 2001 through March 27, 2002, the Hospital was self-insured for the first \$1,000,000 of each claim From January 1, 1989 through March 14, 2001 the Hospital was self-insured for the first \$250,000 and prior to January 1, 1989, the Hospital was self-insured for the first \$100,000 of each claim Malpractice claims, including amounts for which the Hospital is self-insured, have been asserted by various claimants, and additional claims may be asserted for known incidents occurring through September 30, 2012 The claims are in various stages of processing and some may ultimately be brought to trial Moreover, additional claims arising from services provided to patients in the past may be asserted The Hospital has engaged an independent actuary to assist in the computation of an accrual for self-insurance of professional

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liability coverage. The actuarial computations were based upon an evaluation of past incidents. A liability of approximately \$19,380,000 and \$25,289,000 has been recorded at September 30, 2012 and 2011, respectively, representing management's best estimates based upon the actuarial computations.

Effective May 1, 2005, the Hospital entered into a captive arrangement with Health Care Casualty Risk Retention Group, Inc ("HCCR") for professional and general liability reinsurance coverage. HCCR provides liability insurance coverage of \$20,000,000 per occurrence in excess of the \$3,000,000 retention. HCCR provides aggregate liability coverage of \$20,000,000.

HCCR was incorporated under the Captive Insurance Company Act of 2004 and the District of Columbia Business Corporation Act, D C Code, 2001 edition, on December 14, 2004. HCCR was added to the list of registered Risk Retention Groups by the state of Florida on March 8, 2005. In addition, the Hospital owns shares of Health Care Casualty Insurance Limited (the "Captive") which was incorporated as a limited liability company under the Companies Law of the Cayman Islands on August 30, 2002 and holds an unrestricted Class "B" Cayman Islands insurer's license under Section 4(2) of the Cayman Islands Insurance Law. The license enables the Captive to transact insurance business, other than domestic business, from within the Cayman Islands. The Cayman Islands Monetary Authority has imposed a minimum capital requirement of \$120,000.

HCCR and the Captive are owned by a number of healthcare institutions based in the United States. The owners are all not-for-profit hospitals and healthcare systems. The principal activity of the Captive and HCCR is to provide professional and general liability coverage on a claims made and occurrence basis for the risk associated with the delivery of healthcare services for the shareholders, their employees and medical staff members. The Hospital became a shareholder of the Captive and HCCR on May 1, 2005. As of September 30, 2012, the Hospital is one of eight owners of the Captive, four of which are active and four are inactive and one of five owners of HCCR. TMH, Inc.'s investment in HCCR and the Captive was \$100,000 and \$857,500 at September 30, 2012 and 2011, respectively. The Captive's bylaws indicate that no more than 15 organizations can be owners. HCCR maintains a facultative reinsurance agreement with the Captive whereby all of the professional and general liability risk of the Hospital is effectively transferred to the Captive. Effective from August 1, 2009, the Captive entered into a reinsurance contract with limits reinsured of \$14,000,000 per claim and aggregate in excess of \$6,000,000 per claim in excess of each insured's retention. Effective August 1, 2006, the Captive entered into a three year reinsurance contract with limits of \$14,000,000 per claim and \$21,000,000 annual aggregate in excess of \$6,000,000 per claim in excess of each insured's retention. Prior to August 1, 2006, the Captive retained \$5,000,000 of professional liability risk for each claim and maintained a reinsurance treaty that provided \$5,000,000 of excess coverage for each claim.

The Hospital is self-insured for workers' compensation up to \$500,000 per occurrence, and has purchased excess coverage from commercial carriers up to the amount allowed by Florida Statutes. A liability of approximately \$2,129,000 has been recorded at September 30, 2012 and 2011.

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The combined liability for professional liability and workers' compensation self-insurance at September 30, 2012 and 2011 was as follows

	2012	2011
Other current liabilities	\$ 9,127,840	\$ 11,600,338
Other liabilities	<u>12,381,327</u>	<u>15,818,222</u>
	<u><u>\$ 21,509,167</u></u>	<u><u>\$ 27,418,560</u></u>

10. Retirement Plans

The Hospital maintains a noncontributory defined benefit pension plan (the "Plan") covering substantially all employees. The Plan's benefits are based on years of service and the employees' compensation during the highest five years of credited service. The Hospital's funding policy is to contribute annually the minimum amount permitted under ERISA using the Projected Unit Credit Actuarial Cost Method. Plan assets consist primarily of listed stocks, corporate bonds, government bonds and notes, and mutual funds.

On October 20, 2004, the Board of Directors of TMH, Inc. approved a resolution to freeze benefit accruals under the Plan effective December 31, 2004. While continued service after December 31, 2004 will count towards eligibility for early retirement benefits and vesting purposes, no service or compensation after December 31, 2004 will be considered for benefit accruals.

The Hospital accounts for the Plan in accordance with ASC 715, *Compensation - Retirements* ("ASC 715"). ASC 715 requires an employer to recognize the net funded status of defined benefit pensions and other postretirement benefit plans as an asset or liability in its balance sheet and to recognize changes in the funded status through net assets. Additional minimum pension liabilities ("AML") and related intangible assets were derecognized upon adoption of ASC 715. For pension plans, the benefit obligation is the projected benefit obligation, for other postretirement plans, the benefit obligation is the accumulated postretirement benefit obligation.

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The following table sets forth the approximate change in projected benefit obligation, change in plan assets, weighted average assumptions and component of net periodic pension cost for the Plan

	2012	2011
Accumulated benefit obligation	<u>\$ 446,186,963</u>	<u>\$ 396,481,690</u>
Change in projected benefit obligation		
Projected benefit obligation, beginning of year	\$ 396,481,690	\$ 362,666,634
Interest cost	17,697,306	17,819,347
Actuarial loss	47,518,098	30,548,600
Benefits paid	<u>(15,510,131)</u>	<u>(14,552,891)</u>
Projected benefit obligation, end of year	<u>\$ 446,186,963</u>	<u>\$ 396,481,690</u>
Change in plan assets		
Plan assets at fair value, beginning of year	\$ 236,385,520	\$ 238,454,112
Employer contributions	13,523,176	11,726,108
Actual return on plan assets	49,625,132	758,191
Benefits paid	<u>(15,510,131)</u>	<u>(14,552,891)</u>
Plan assets at fair value, end of year	<u>\$ 284,023,697</u>	<u>\$ 236,385,520</u>
Funded status	\$ (162,163,266)	\$ (160,096,170)
	2012	2011
Amounts recognized in unrestricted net assets		
Net loss	\$ 188,746,069	\$ 191,517,708
Prior service cost (credit)	-	-
Total amount recognized	<u>\$ 188,746,069</u>	<u>\$ 191,517,708</u>
Changes recognized in unrestricted net assets		
Plan amendments	\$ -	\$ -
Prior service cost (credit)	-	-
Net actuarial loss		
Net actuarial loss from liabilities	47,518,098	30,548,600
Net actuarial (gain) loss from assets	<u>(30,165,465)</u>	<u>19,436,788</u>
Total net actuarial loss	<u>17,352,633</u>	<u>49,985,388</u>
Amortization of prior service cost	-	-
Amortization of actuarial loss	<u>(20,115,171)</u>	<u>(13,724,247)</u>
Net change in unrestricted net assets	<u>\$ (2,762,538)</u>	<u>\$ 36,261,141</u>
Net periodic pension benefit cost	<u>\$ 18,361,911</u>	<u>\$ 11,347,932</u>

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	2012	2011
Weighted average assumptions for benefit obligations at September 30		
Discount rate	3 73%	4 55%
Rate of increase in future compensation levels	N/A	N/A
Weighted average assumptions for net periodic benefit costs at September 30		
Discount rate	4 55%	5 01%
Expected return on plan assets	8 25%	8 50%
Rate of compensation increase	N/A	N/A
Components of net periodic pension cost		
Interest cost	\$ 17,697,306	\$ 17,829,347
Expected return on plan assets	(19,450,566)	(20,195,660)
Amortization of loss	<u>20,115,171</u>	<u>13,724,247</u>
Net periodic pension expense	<u><u>\$ 18,361,911</u></u>	<u><u>\$ 11,357,934</u></u>

The Plan assets are administered by a trustee and are invested in the following percentages in various instruments at September 30, 2012 and 2011

	2012	2011
Mutual funds and short-term investments	6%	7%
Equity securities	68%	57%
Debt securities	<u>26%</u>	<u>36%</u>
100%	<u>100%</u>	<u>100%</u>

The fair value of the Plan's assets at September 30, 2012 and 2011 are as follows

September 30, 2012	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
	\$	\$	\$	\$
Short-term investments	\$ 15,711,509	\$ -	\$ -	\$ 15,711,509
Corporate bonds and notes	-	38,859,391	-	38,859,391
U S government and agency obligations	-	34,910,066	-	34,910,066
Common stocks	<u>194,542,731</u>	<u>-</u>	<u>-</u>	<u>194,542,731</u>
Total investments	<u>\$ 210,254,240</u>	<u>\$ 73,769,457</u>	<u>\$ -</u>	<u>\$ 284,023,697</u>

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

September 30, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Short-term investments	\$ 10,112,565	\$ -	\$ -	\$ 10,112,565
Corporate bonds and notes	-	38,223,647	-	38,223,647
U S government and agency obligations	-	46,774,479	-	46,774,479
Common stocks	141,274,829	-	-	141,274,829
Total investments	\$ 151,387,394	\$ 84,998,126	\$ -	\$ 236,385,520

Future benefit payments for years ending September 30 are as follows

2013	\$ 15,936,138
2014	16,750,026
2015	17,518,792
2016	18,202,544
2017	19,107,072
2018 – 2023	131,798,189
	\$ 219,312,761

The Hospital expects to contribute approximately \$12,949,000 to the Plan for the year ending September 30, 2013. Estimated amounts to be amortized out of unrestricted net assets for the year ending September 30, 2013 are approximately \$19,243,000 and the amount will be recorded in pension expense.

Investment Strategy

The asset allocation and investment strategy of the Plan are designed to earn superior returns on Plan assets consistent with a reasonably prudent level of risk. Investments are diversified across classes, sectors, and manager style to minimize the risk of large losses. The Hospital uses investment managers specializing in each asset category and, where appropriate, provides the investment managers with specific guidelines, which include allowable and/or prohibited investment types. The Hospital regularly monitors manager performance and compliance with investment guidelines.

Expected Rate of Return

The expected long-term rate of return on Plan assets is based on historical and projected rates of return for current and planned asset categories in the Plan's investment portfolio. Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates. Based on target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns for the effect of expenses paid from Plan assets.

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

Retirement Savings Plan

During the year ended September 30, 2005, the Hospital established the Tallahassee Memorial HealthCare 401(A) Retirement Savings Plan (the "Savings Plan"), a qualified defined contribution plan covering all employees who are at least 21 years of age and have completed one year of service. TMH, Inc. contributes 4% of eligible income to each eligible employee and an additional matching contribution up to 2% of eligible income. Participants become fully vested after three years of service. The contribution required under the Savings Plan for the years ended September 30, 2012 and 2011 was approximately \$7,353,000 and \$7,207,000, respectively. These contributions have been included in salaries, wages and benefits expense in the accompanying statements of operations. Additionally, the amounts due to the Savings Plan as of September 30, 2012 and 2011 were approximately \$315,000 and \$371,000, respectively, and are included in accounts payable and accrued expenses in the accompanying balance sheets.

11. Related Party Transactions

TMH, Inc. is a not-for-profit holding corporation which manages and operates a healthcare delivery system. Through common board membership, provisions of bylaws and direct stock ownership, TMH, Inc., is the parent corporation of Southeast Community Health Services, Inc. ("SECHS"), Tallahassee Memorial Health Ventures, Inc. ("TMHV"), and Tallahassee Memorial HealthCare Foundation, Inc. (the "Foundation") and Medicus, LLC ("Medicus"). SECHS is a not-for-profit property holding company. TMHV is a for-profit corporation which manages activities which are not tax exempt. The Foundation is a not-for-profit organization which promotes the educational training and research programs of the Hospital. Medicus is a disregarded entity that leases labor to the Hospital.

During the years ended September 30, 2012 and 2011, the Hospital charged rent amounting to approximately \$1,402,000 to TMHV. The Hospital charged interest during the years ended September 30, 2012 and 2011 of approximately \$26,000 to SECHS relating to the financing of capital acquisitions in prior years. For the years ended September 30, 2012 and 2011, the Hospital received contributions of approximately \$516,000 and \$723,000, respectively, from the Foundation. For the years ended September 30, 2012 and 2011, the Hospital paid for leased space of approximately \$580,000 and \$608,000, respectively, to SECHS and approximately \$254,000 and \$230,000 to TMHV. For the years ended September 30, 2012 and 2011, Medicus provided TMH with approximately \$6,595,000 and \$0 in leased labor. At September 30, 2012 and 2011, the Hospital had outstanding receivables from TMH, Inc. of approximately \$1,417,000 and other receivables from subsidiaries of TMH, Inc. of approximately \$4,355,000 and \$4,547,000, respectively.

12. Functional Expenses

The Hospital provides general health care services to residents within its geographic area. Expenses related to providing these services for the years ended September 30, 2012 and 2011 are as follows:

	2012	2011
Patient care services	\$ 334,904,352	\$ 286,162,164
General and administrative	116,883,429	107,850,117
Total healthcare services	\$ 451,787,781	\$ 394,012,281

Tallahassee Memorial Hospital
(A division of Tallahassee Memorial HealthCare, Inc.)
Notes to Financial Statements
September 30, 2012 and 2011

13. Financial Instruments

The carrying amount of the Hospital's financial instruments (including cash and cash equivalents, short-term investments, and assets limited as to use) approximates fair value because of their relatively short maturities. Long-term investments consist of marketable equity securities and are reported in the balance sheets at fair value based on quoted market prices.

The estimated fair value of the Hospital's bonds and notes payable is based on dealer quotations for hospital debt with similar terms and maturities for the same or similar issues. The aggregate carrying amount and estimated fair value of the bonds and notes payable, exclusive of the capital lease obligations, as of September 30, 2012 and 2011 are as follows:

	2012	2011
Carrying value	\$ 116,398,789	\$ 121,134,063
Estimated fair value	117,852,455	123,021,030

Certain financial instruments potentially subject the Hospital to concentrations of credit risk. These financial instruments consist primarily of cash and cash equivalents, short-term investments, assets limited as to use, and patient accounts receivable. The Hospital maintains its cash and cash equivalents and short-term investments with what management believes to be high quality financial institutions and thus limits its credit exposure. Concentrations of credit risk with respect to patient accounts receivables include Medicare, Medicaid, and various managed care and commercial payors.

14. Commitments

As of September 30, 2012, future minimum payments required under noncancelable maintenance agreements were as follows:

2013	\$ 4,744,476
2014	4,744,476
2015	4,686,156
2016	4,604,508
	<hr/>
	\$ 18,779,616

15. Contingencies

In the normal course of business, the Hospital is subject to various litigation and claims such as labor-related and other matters. Management has analyzed such pending unresolved disputes and estimated the potential cost of settlements, legal fees and other costs associated with an unfavorable outcome. The financial statements include accruals related to these disputes. In the opinion of management, after consultation with legal counsel, no other material liabilities are likely to result from the ultimate disposition of such matters.

16. Subsequent Events

The Hospital has evaluated subsequent events through December 10, 2012, which is the date the financial statements were available for issuance.



Report of Independent Certified Public Accountants on Supplemental Data

To the Board of Directors of
Tallahassee Memorial HealthCare, Inc

We have audited the financial statements of Tallahassee Memorial Hospital (a division of Tallahassee Memorial HealthCare, Inc) as of September 30, 2012 and 2011 and for the years then ended and our report thereon appears on page 1 of this document. These audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental data is presented for purposes of additional analysis and is not a required part of the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

PricewaterhouseCoopers LLP

December 10, 2012

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Gross Patient Service Revenue
Year Ended September 30, 2012 (With Comparative Totals for the Year Ended September 30, 2011)

	Inpatient	Outpatient	Extended Care	Behavioral Health Care	Non-Patient	Total 2012	Total 2011
Medical-surgical Nursing	\$ 104,477,932	\$ 5,716,522	\$ -	\$ 386	\$ -	\$ 110,194,840	\$ 101,908,337
Neurology ICU	7,753,306	-	-	-	-	7,753,306	7,063,488
Coronary Care	6,521,934	-	-	-	-	6,521,934	5,966,259
Hemodialysis	2,088,503	415,685	2,019	-	-	2,506,207	1,742,980
Respiratory Services	41,402,973	9,232,198	2,127,301	150,088	-	52,912,560	53,587,722
Labor & Delivery	17,781,175	2,934,214	-	359	-	20,715,748	22,432,391
Operating Room	115,722,701	87,740,216	10,606	573	-	203,474,096	194,298,173
Endoscopy Clinic	4,702,553	12,243,115	6,321	-	-	16,951,989	16,513,670
Recovery Room	10,173,153	12,214,095	-	-	-	22,387,248	21,993,563
Emergency Room	23,801,285	67,934,969	-	2,043,555	-	93,779,809	84,337,040
Ambulance Service	4,571	242,503	-	-	-	247,074	187,393
Central Service	26,722,991	5,537,427	1,400,429	40,165	-	33,701,012	27,414,967
Intravenous Therapy	11,319,392	4,343,197	34,476	(144)	-	15,696,921	16,221,614
Laboratory	112,893,552	68,735,210	2,171,722	4,346,095	718,575	188,865,154	168,959,973
Laboratory-POB	54,690	7,378,363	-	142	8,114	7,441,309	7,063,822
Blood	8,182,296	1,629,783	66,910	1,383	2,306	9,882,678	11,253,873
Neurodiagnostics/EEG	1,806,932	651,324	-	14,799	-	2,473,055	2,539,701
Radiology-diagnostic	136,324,064	187,258,071	470,459	323,122	62,044	324,437,760	307,534,836
Radiation Therapy	988,517	40,551,681	2,443	-	-	41,542,641	40,333,689
Nuclear Medicine	5,130,025	9,460,832	12,103	-	-	14,602,960	12,784,823
Pharmacy	77,353,042	42,826,915	3,564,973	862,885	37,884	124,645,699	120,357,198
Anesthesiology	43,436,445	34,113,646	2,298	-	-	77,552,389	70,612,606
Physical Therapy	7,028,449	11,758,808	7,193,649	2,029	70	25,983,005	23,207,012
Home Health Care	-	2,193,159	-	-	-	2,193,159	2,548,679
Newborn Nursery	11,337,966	-	-	-	-	11,337,966	11,225,242
Intensive Care	12,716,916	-	-	-	-	12,716,916	11,913,530
Neonatal ICU	10,963,478	-	-	-	-	10,963,478	11,029,784
EKG	20,355,251	20,127,584	36,971	44,075	9,452	40,573,333	35,367,710
Diabetes Center	-	1,706,659	-	-	-	1,706,659	1,150,291
Neuro Science Center	90,053	466,254	-	-	-	556,307	414,627
Wound Healing Program	25,981	5,404,139	-	-	-	5,430,120	5,870,401
Emergency Room Physicians	-	27,750,907	-	-	-	27,750,907	22,671,155
Extended Care Facility	-	-	6,574,964	-	-	6,574,964	5,622,603
Psychiatric Center Routine	-	-	-	11,992,123	-	11,992,123	11,435,002
Psychiatric Center Other	-	1,659,652	-	10,134,716	-	11,794,368	11,462,938
Residency Programs	-	7,735,882	-	-	-	7,735,882	7,306,378
Women's Resource	1,285	416,194	-	-	2,110	419,589	411,417
Physician Practice & Rural Clinics	-	66,592,575	-	-	157	66,592,732	19,553,517
Palliative Care	-	257,050	-	-	-	257,050	192,997
Sleep Center	-	9,072,698	-	-	-	9,072,698	7,144,693
Total	\$ 821,161,411	\$ 756,301,527	\$ 23,677,644	\$ 29,956,351	\$ 840,712	\$ 1,631,937,645	\$ 1,483,636,094

Tallahassee Memorial Hospital

(A division of Tallahassee Memorial HealthCare, Inc.)

Provision for Contractual Adjustments, Charity, Uncollectible Accounts and Other

Year Ended September 30, 2012 (With Comparative Totals for the Year Ended September 30, 2011)

	Hospital	Extended Care Facility	Family Practice Residency Program	Behavioral Health Center	Total 2012	Total 2011
Provision for Uncollectible Accounts	\$ 73,351,776	\$ 564,744	\$ 616,016	\$ 777,491	\$ 75,310,027	\$ 68,749,715
Medicare Adjustments	312,298,834	6,754,988	510,947	2,142,097	321,706,866	298,391,001
Medicaid Adjustments	113,498,484	1,242,230	1,571,213	1,780,233	118,092,160	104,911,862
HMO/Medicaid Adjustments	48,914,878	28,166	121,489	741,285	49,805,818	44,673,407
Division of Children's Medical Services	574,796	-	-	19,097	593,893	442,310
Vocational Rehabilitation	2,905,376	-	-	-	2,905,376	2,442,364
Workers' Compensation	4,137,512	35,540	740	2,720	4,176,512	4,974,379
Medical Center Approved Charity	52,926,727	2,229,190	156,999	630,926	55,943,842	49,627,185
Employee Discounts	84,154	-	2,916	4,648	91,718	171,799
Patient Adjustments	10,101,299	275,420	30,368	333,246	10,740,333	11,904,295
Health Maintenance Organizations	448,220,638	7,483,356	781,081	6,795,528	463,280,603	392,414,777
Florida State Hospital	1,165,066	-	-	-	1,165,066	2,005,827
Other Governmental Programs	19,321,573	-	106,322	392,973	19,820,868	18,661,882
Other Contractual Adjustments	21,240,038	260,763	725,837	3,284,997	25,511,635	24,030,140
Absorbed Employee Health Claims	1,977,536	-	-	-	1,977,536	2,129,207
Total	\$ 1,110,718,687	\$ 18,874,397	\$ 4,623,928	\$ 16,905,241	\$ 1,151,122,253	\$ 1,025,530,150

Tallahassee Memorial Hospital

(A division of Tallahassee Memorial HealthCare, Inc.)

Other Revenue

Year Ended September 30, 2012 (With Comparative Totals for the Year Ended September 30, 2011)

	Hospital	Extended Care Facility	Family Practice Residency Program	Behavioral Health Center	Total 2012	Total 2011
Parking Deck	\$ 533,886	\$ -	\$ -	\$ -	\$ 533,886	\$ 534,187
Contractual Late Fees	140,939	-	-	-	140,939	107,673
Services to Other Organizations	53,734	-	94,844	180,328	328,906	280,329
Lifeline Services	277,222	-	-	-	277,222	300,769
Adult Day Care Services	335,231	-	-	-	335,231	295,712
Alzheimer/Parkinsons Grant	238,107	-	-	-	238,107	222,801
Medicare and Medicaid Meaningful Use	4,439,388	-	191,250	-	4,630,638	22,960
Domestic Security Preparedness	27,731	-	-	-	27,731	105,398
Trauma Center	536,366	-	-	-	536,366	186,351
Lower Income Pool Grant	373,186	-	584,457	-	957,643	462,363
Other Grants	134,020	-	-	-	134,020	285,340
Foundation Donations	458,792	3,267	7,320	16,209	485,588	575,671
Miscellaneous	208,425	1,165	392	5,922	215,904	243,644
Other revenue	<u>\$ 7,757,027</u>	<u>\$ 4,432</u>	<u>\$ 878,263</u>	<u>\$ 202,459</u>	<u>\$ 8,842,181</u>	<u>\$ 3,623,198</u>

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)

Patient Service Expenses

**Year Ended September 30, 2012 (With Comparative Totals for the
 Year Ended September 30, 2011)**

	Salaries	Other	Total 2012	Total 2011
Medical-surgical Nursing	\$ 27,130,640	\$ 10,179,979	\$ 37,310,619	\$ 34,363,798
Neurology ICU	1,737,459	647,283	2,384,742	2,124,770
Coronary Care	1,684,118	607,497	2,291,615	2,183,613
Hemodialysis	547,608	345,301	892,909	782,100
Wound Healing Program	634,323	1,381,571	2,015,894	2,076,939
Respiratory Services	3,422,680	2,052,180	5,474,860	5,219,558
Labor and Delivery	3,609,475	2,129,700	5,739,175	5,281,650
Operating Room	9,314,506	34,758,774	44,073,280	42,594,918
Surgery Center	1,947,618	3,563,862	5,511,480	6,004,388
Organ Transplant	-	-	-	10,195
Recovery Room	1,002,378	386,350	1,388,728	1,324,505
Emergency Room	15,893,102	7,513,880	23,406,982	21,292,055
Diabetes Center	771,288	879,990	1,651,278	1,359,944
Alzheimer/Parkinsons Clinic	78,881	100,522	179,403	181,022
Ambulance Service	246,129	121,079	367,208	392,859
Central Service	486,402	4,635,272	5,121,674	5,163,752
A Womens' Place	126,116	292,277	418,393	402,660
Intravenous Therapy	1,029,562	1,425,669	2,455,231	2,281,527
Laboratory	4,079,233	7,922,754	12,001,987	11,591,721
Blood	-	4,789,720	4,789,720	4,825,312
Neurodiagnostics/EEG	381,350	149,600	530,950	504,579
Radiology-diagnostic	5,942,100	23,562,409	29,504,509	26,153,853
Radiation Therapy	1,980,087	2,287,011	4,267,098	3,564,447
Nuclear Medicine	393,820	1,361,290	1,755,110	1,938,605
Pharmacy	5,137,133	21,415,714	26,552,847	25,670,054
Anesthesiology	667,202	1,484,958	2,152,160	2,061,287
Physical Therapy	3,829,139	1,678,626	5,507,765	5,002,812
Home Health Care	1,632,182	766,621	2,398,803	2,264,538
Family Care/Newborn Nursery	2,397,224	923,672	3,320,896	3,406,855
Neonatal ICU	2,024,868	929,439	2,954,307	2,953,049
Intensive Care	3,212,938	1,172,747	4,385,685	4,390,232
Cardiovascular/EKG	1,870,258	2,235,238	4,105,496	3,507,562
Extended Care Facility	4,810,767	2,438,224	7,248,991	7,113,196
Behavioral Health Center/Routine	8,147,838	2,717,044	10,864,882	9,928,131
Behavioral Health Center/Other	1,102,253	329,157	1,431,410	1,320,669
Family Practice Program	7,206,497	3,268,235	10,474,732	9,204,429
Sleep Center	569,292	459,173	1,028,465	900,835
Rural Family Practice Clinics	20,233,983	25,073,256	45,307,239	15,315,336
Palliative Care	236,816	55,296	292,112	160,222
Absorbed employee health claims	-	(1,384,275)	(1,384,275)	(1,490,445)
	\$ 145,517,265	\$ 174,657,095	\$ 320,174,360	\$ 273,327,532

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)

General Operating Expenses

**Year Ended September 30, 2012 (With Comparative Totals for the
 Year Ended September 30, 2011)**

	Salaries	Other	Total 2012	Total 2011
Dietary	\$ 1,714,166	\$ 3,035,475	\$ 4,749,641	\$ 4,505,187
Plant Engineering	3,480,493	10,871,239	14,351,732	13,022,581
Housekeeping	2,721,973	2,871,092	5,593,065	5,528,692
Laundry	892,870	1,008,880	1,901,750	1,905,446
Nursing-administration	6,797,056	3,771,854	10,568,910	9,538,482
Medical Records	1,548,442	1,987,231	3,535,673	3,165,657
Data Processing	6,921,247	7,986,196	14,907,443	12,938,188
Purchasing	955,062	434,691	1,389,753	1,143,231
Admitting	2,379,992	1,465,881	3,845,873	3,230,928
Patient Accounts	2,925,985	3,676,561	6,602,546	5,573,026
Social Services	1,914,651	1,022,386	2,937,037	3,040,571
Finance/Administrative Office	7,836,036	9,267,351	17,103,387	17,515,428
Fund Development	648,783	183,632	832,415	791,237
Neuro Science Center	289,683	324,204	613,887	565,035
Adult Day Care	171,795	137,800	309,595	354,384
Indigent care assessment	-	5,318,832	5,318,832	5,242,680
Insurance	-	155,450	155,450	(270,394)
Employee health and welfare	2,932,526	5,714,380	8,646,906	7,561,505
Absorbed employee health claims	-	(593,261)	(593,261)	(638,762)
	\$ 44,130,760	\$ 58,639,874	\$ 102,770,634	\$ 94,713,102

Tallahassee Memorial Hospital
 (A division of Tallahassee Memorial HealthCare, Inc.)
Other Revenues and Expenses, Net
Years Ended September 30, 2012 and 2011

	2012	2011
Investment income	\$ 730,910	\$ 209,276
Loss on disposal of assets	54,559	(69,646)
Change in fair value of derivative	2,093,485	(233,482)
Loss on office space rentals	(1,732,406)	(2,277,672)
Other Rental Income	1,231,180	1,047,276
Miscellaneous	<u>(11,808)</u>	<u>3,231</u>
Other revenues and expenses, net	<u><u>\$ 2,365,920</u></u>	<u><u>\$ (1,321,017)</u></u>