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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC

% WILLIAM A GIUDICE CFO

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 province, country, and ZIP or foreign postal code  
TALLAHASSEE, FL 323085054

**D** Employer identification number

59-1917016

E Telephone number

(850) 431-5238

**G** Gross receipts \$ 786,458,002

**F** Name and address of principal officer  
WILLIAM GIUDICE CFO  
1300 MICCOSUKEE ROAD  
TALLAHASSEE, FL 323085054

**H(a)** Is this a group return for subordinates?  
No ☐ Yes ☒

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

**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 1979

**M** State of legal domicile FL

Part I Summary				
Activities & Governance	<b>1</b> 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			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	16	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	14	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	5,239	
Revenue	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	690	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,444,372	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	1,134,955	
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		1,892,594	1,602,289	
Expenses		493,811,383	546,543,742	
		-231,698	-417,496	
		167,606,083	179,277,014	
		663,078,362	727,005,549	
Net Assets or Fund Balances	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	0	203,052	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	268,958,216	287,607,480	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	355,327,735	398,251,675	
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	624,285,951	686,062,207	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	38,792,411	40,943,342	
	<b>20</b> Total assets (Part X, line 16) . . . . . <b>21</b> Total liabilities (Part X, line 26) . . . . . <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	Beginning of Current Year	End of Year	
		610,770,221	920,656,319	
		336,270,695	606,182,402	
		274,499,526	314,473,917	

**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

2017-08-14

Date

▶

WILLIAM GIUDICE CFO

Type or print name and title

**Paid Preparer Use Only**

Pnnt/Type preparer's name  
ANTONIO C RUSSO

Preparer's signature  
ANTONIO C RUSSO

Date

Check ☐ if self-employed

PTIN  
P00858539

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's address ▶ 2001 MARKET ST SUITE 1800  
PHILADELPHIA, PA 19103

Firm's EIN ▶

Phone no (267) 330-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes☒ No

1 Briefly describe the organization's mission

FOUNDED MORE THAN 60 YEARS AGO, TALLAHASSEE MEMORIAL HEALTHCARE INC IS A PRIVATE, NOT-FOR PROFIT, 772-BED, COMMUNITY HEALTH CARE SYSTEM THAT PROVIDES CHARITABLE, COMPASSIONATE, LEADING -EDGE, & PATIENT-CENTERED HEALTH CARE ITS MISSION TRANSFORMING CARE ADVANCING HEALTH IMPROVING LIVES

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

☐ Yes☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes☒ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 620,347,730 including grants of \$ 0 ) (Revenue \$ 726,224,783 )

See Additional Data

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



















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

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses ▶ 620,347,730

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	<b>4</b> Yes	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> 	<b>5</b>	No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	<b>11a</b> Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 	<b>11b</b>	No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 	<b>11c</b>	No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11e</b> Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	<b>16</b>	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>			
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
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 or note to any line 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	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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 this 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records WILLIAM A GIUDICE CFO 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 323085054 (850) 431-5238	

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

Form **990** (2015)



[illegible]

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 ► 300

## Section B. Independent Contractors

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 ► 57

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	520,697			
	e	Government grants (contributions)	1e	911,021			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	170,571			
	g	Noncash contributions included in lines 1a-1f \$		70,051			
	h	Total. Add lines 1a-1f . . . . .			1,602,289		
Program Service Revenue	2a	HEALTH CARE SERVICES	Business Code 621500	546,543,742	546,206,517	337,225	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			546,543,742		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		509,637		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		(i) Real					
		Gross rents					
		3,240,318					
		(ii) Personal					
b		Less rental expenses		3,644,345			
c		Rental income or (loss)		-404,027	0		
d		Net rental income or (loss) . . . . .		-404,027		1,107,147	-1,511,174
7a		(i) Securities					
		Gross amount from sales of assets other than inventory					
		11,715,780					
		(ii) Other					
b		Less cost or other basis and sales expenses		12,052,009	590,904		
c		Gain or (loss)		-336,229	-590,904		
d		Net gain or (loss) . . . . .		-927,133			-927,133
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .			0		
a							
b		Less direct expenses . . . . .					
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .			0		
a							
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances .			177,155,195	177,155,195	
	a	220,320,394					
	b	Less cost of goods sold . . . . .					
c	Net income or (loss) from sales of inventory . .		43,165,195				
Miscellaneous Revenue		Business Code					
11a	VENDOR REBATES	900099	1,252,013	1,252,013			
b	PARKING DECK	900099	480,512	480,512			
c	MEDICARE & MEDICAID MEANINGFUL USE	900099	326,721	326,721			
d	All other revenue . . . . .		466,600	466,600			
e	Total. Add lines 11a-11d . . . . .			2,525,846			
12	Total revenue. See Instructions . . . . .			727,005,549	725,887,558	1,444,372	-1,928,670

**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).

Check if Schedule O contains a response or note to any line 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	203,052	203,052		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,835,582	4,123,782	711,800	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	235,449,088	210,854,151	24,594,937	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	11,948,555	10,766,864	1,181,691	0
<b>9</b> Other employee benefits . . . . .	19,188,909	17,184,442	2,004,467	0
<b>10</b> Payroll taxes . . . . .	16,185,346	14,494,630	1,690,716	0
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	2,361,761	2,137,355	224,406	0
<b>c</b> Accounting . . . . .	1,124,009	0	1,124,009	0
<b>d</b> Lobbying . . . . .	88,841	81,818	7,023	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	0			0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	56,998,969	52,493,042	4,505,927	0
<b>12</b> Advertising and promotion . . . . .	2,157,333	0	2,157,333	0
<b>13</b> Office expenses . . . . .	21,831,867	19,846,340	1,985,527	0
<b>14</b> Information technology . . . . .	17,494,989	10,009,179	7,485,810	0
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	6,523,400	5,268,710	1,254,690	0
<b>17</b> Travel . . . . .	2,669,461	1,315,612	1,353,849	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,161,714	449,612	712,102	0
<b>20</b> Interest . . . . .	6,351,262	6,351,262	0	0
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	31,702,642	27,036,268	4,666,374	0
<b>23</b> Insurance . . . . .	17,013,541	16,577,392	436,149	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT EXPENSE	112,773,298	112,773,298	0	0
<b>b</b> PATIENT EXPENSE	82,033,405	82,033,405	0	0
<b>c</b> SERVICE/MAINTENANCE	16,393,813	11,839,936	4,553,877	0
<b>d</b> INDIGENT CARE ASSETMENT	6,362,440	6,362,440	0	0
<b>e</b> All other expenses	13,208,930	8,145,140	5,063,790	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	686,062,207	620,347,730	65,714,477	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X**

**Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .		228,703,841	<b>2</b>	246,527,531
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		74,777,022	<b>4</b>	77,657,632
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		9,649,154	<b>8</b>	10,440,976
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		10,385,468	<b>9</b>	13,753,020
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 631,320,456			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 341,513,124	265,233,451	<b>10c</b>	289,807,332
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		27,300	<b>12</b>	27,300
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		21,993,985	<b>15</b>	282,442,528
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		610,770,221	<b>16</b>	920,656,319	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		53,824,886	<b>17</b>	62,473,099
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		111,882,903	<b>20</b>	379,484,085
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		21,882,389	<b>23</b>	21,688,393
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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 . . . . .		148,680,517	<b>25</b>	142,536,825
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		336,270,695	<b>26</b>	606,182,402
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		274,499,526	<b>27</b>	314,473,917
	<b>28</b>	Temporarily restricted net assets . . . . .		0	<b>28</b>	0
	<b>29</b>	Permanently restricted net assets . . . . .		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		274,499,526	<b>33</b>	314,473,917
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		610,770,221	<b>34</b>	920,656,319

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	727,005,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	686,062,207
3	Revenue less expenses Subtract line 2 from line 1	3	40,943,342
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	274,499,526
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-968,951
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	314,473,917

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

### Additional Data

Software ID:

**Software Version:**

**EIN:** 59-1917016

**Name:** TALLAHASSEE MEMORIAL HEALTHCARE INC

**Form 990, Part III, Line 4a**

4a	(Code	) (Expenses \$	620,347,730	including grants of \$	0 ) (Revenue \$	726,224,783 )
	<p>DESIGNED TO MEET THE DIVERSE HEALTH CARE NEEDS OF THE BIG BEND REGION, TALLAHASSEE MEMORIAL HEALTHCARE, INC ("TMH") IS A COMPREHENSIVE, PRIVATE, NOT-FOR-PROFIT HEALTH CARE SYSTEM THAT SERVES 17 COUNTIES IN NORTH FLORIDA AND SOUTH GEORGIA TMH INCLUDES A 772-BED ACUTE CARE HOSPITAL AND HAS A TIME-HONORED COMMITMENT TO PROVIDING PATIENT-CENTERED, WORLD-CLASS HEALTH CARE TO ITS COMMUNITY WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY TMH HOLDS A NUMBER OF IMPORTANT DISTINCTIONS WITHIN THE REGIONAL HEALTH SECTOR TMH IS HOME TO THE BIG BEND'S ONLY ACCREDITED COMMUNITY HOSPITAL CANCER PROGRAM AND THE REGION'S ONLY STATE-DESIGNATED TRAUMA CENTER TMH IS ALSO THE AREA'S ONLY HOSPITAL RECOGNIZED BY THE SOCIETY OF CHEST PAIN CENTERS AS AN ACCREDITED CHEST PAIN CENTER WITH PCI AND THE AREA'S ONLY CETIFIED ATRIAL FIBRILLATION CLINIC TMH IS LICENCED AS NORTH FLORIDA'S ONLY COMPREHENSIVE STROKE CENTER AND IS THE ONLY FACILITY IN THE REGION PERFORMING MINIMAL INVASIVE STROKE INTERVENTIONS TMH MAINTAINS THE AREA'S ONLY PEDIATRIC INTENSIVE CARE UNIT AND THE REGIONS ONLY NEONATAL INTENSIVE CARE UNIT IN ALL, TMH IS THE SEVENTH-LARGEST HOSPITAL IN FLORIDA WITH A MEDICAL STAFF OF 570+ PHYSICIANS REPRESENTING 50+ DIFFERENT SPECIALTIES 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 THE ENERGY RESOURCES COMMITTED BY TMH AND ITS COLLEAGUES ARE PROOF OF THE FULFILLMENT OF ITS MISSION TRANSFORMING CARE ADVANCING HEALTH IMPROVING LIVES SEE SCHEDULE H, PART VI FOR ADDITIONAL DETAILS REGARDING SOME OF THE VARIOUS PROGRAM SERVICE ACCOMPLISHMENTS AND ADDITIONAL COMMUNITY BUILDING ACTIVITIES CONDUCTED BY TMH</p>					

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSIE BUSCH-TRANSOU CHAIR	2 5 ..... 0 0	X		X				0	0	0
ALMA LITTLES MD CHAIR-ELECT	2 0 ..... 0 0	X		X				0	0	0
STEVE EVANS SECRETARY	2 0 ..... 0 0	X		X				0	0	0
CHRIS RUMANA MD TREASURER	2 0 ..... 0 0	X		X				0	0	0
MARTHA BARNETT DIRECTOR	1 5 ..... 0 0	X						0	0	0
REV BRANT COPELAND DIRECTOR	1 5 ..... 0 0	X						0	0	0
FRANK E GREDLER MD DIRECTOR, INDEPENDENT PHYS	1 5 ..... 0 0	X						83,444	0	0
LEE HINKLE DIRECTOR	1 5 ..... 0 0	X						0	0	0
WINSTON HOWELL DIRECTOR	1 5 ..... 0 0	X						0	0	0
AVERY MCKNIGHT ESQ DIRECTOR	1 5 ..... 0 0	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICK MOORE ..... DIRECTOR	1 5 ..... 0 0	X						0	0	0
THOMAS TRUMAN MD ..... DIRECTOR	1 5 ..... 0 0	X						0	0	0
GARY WINCHESTER MD ..... DIRECTOR	1 5 ..... 0 0	X						0	0	0
ANDREW WONG MD ..... DIRECTOR	1 5 ..... 0 0	X						0	0	0
ED MURRAY JR ..... DIRECTOR	1 5 ..... 0 0	X						0	0	0
ALBERTO FERNANDEZ MD ..... DIRECTOR	1 5 ..... 0 0	X						0	0	0
G MARK O'BRYANT ..... CEO/PRESIDENT	53 0 ..... 2 0			X				1,023,896	0	262,351
WILLIAM GIUDICE ..... VP/CFO	54 0 ..... 1 0			X				543,901	0	26,397
JASON MOORE ..... VP/COO	55 0 ..... 0 0			X				470,569	0	22,553
WARREN JONES ..... VP/CHIEF COMMUNICATION OFFICER	55 0 ..... 0 0			X				212,011	0	15,008



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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA ALFORD ..... VP/CHIEF PATIENT CARE OFFICER	55 0 ..... 0 0			X				291,630	0	22,116
CYNTHIA BLAIR ..... VP/CHIEF IMPROVEMENT OFFICER	55 0 ..... 0 0			X				239,483	0	14,369
PAULA S FORTUNAS ..... VP/CHIEF ADVANCEMENT OFFICER	15 0 ..... 40 0			X				232,375	0	16,235
DONALD LINDSEY ..... VP/CMO	55 0 ..... 0 0			X				248,701	0	17,281
ROBERT L MOORE ..... VP/CHIEF HR OFFICER	55 0 ..... 0 0			X				286,734	0	18,135
DEAN WATSON MD ..... VP/CMO	55 0 ..... 0 0			X				420,505	0	24,217
PHILIP V SHARP MD ..... PHYSICIAN (RAD ONC)	40 0 ..... 0 0					X		846,240	0	22,951
IMAN IMANIRAD MD ..... PHYSICIAN (HEM/ONC)	40 0 ..... 0 0					X		750,150	0	19,474
AMIT JAIN MD ..... PHYSICIAN (HEM/ONC)	40 0 ..... 0 0					X		730,072	0	22,477
DHANANJAY D BENDRE MD ..... PHYSICIAN (RAD ONC)	40 0 ..... 0 0					X		726,018	0	22,141

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OVIDIU MARINA MD ..... PHYSICIAN (RAD ONC)	40 0 ..... 0 0					X		622,425	0	15,593

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization TALLAHASSEE MEMORIAL HEALTHCARE INC	Employer identification number 59-1917016
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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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	2,336,724	2,093,409	2,325,227	1,892,594	1,602,289	10,250,243
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,336,724	2,093,409	2,325,227	1,892,594	1,602,289	10,250,243
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)						0
6 Public support. Subtract line 5 from line 4						10,250,243

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	2,336,724	2,093,409	2,325,227	1,892,594	1,602,289	10,250,243
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	412,649	306,920	248,809	263,585	509,637	1,741,600
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,058,183	1,160,611	1,154,299	1,129,393	1,261,061	5,763,547
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	859,028	820,053	702,166	779,852	947,112	4,108,211
11 Total support. Add lines 7 through 10						21,863,601
12 Gross receipts from related activities, etc. (see instructions)					12	3,237,004,917
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	46.883%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	49.425%
16a 33 1/3% support test—2015.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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>	Yes	No
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization TALLAHASSEE MEMORIAL HEALTHCARE INC	Employer identification number 59-1917016
---	--

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

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

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


1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	97,499	97,499												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	97,499	97,499												
<b>d</b>	Other exempt purpose expenditures	685,964,708	687,529,384												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	686,062,207	687,626,883												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	162,743	113,914	133,289	97,499	507,445
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

j

Total. Add 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?

(a)

Yes

No

(b)

Amount

**Part III-A**

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

**Part III-B**

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

1

Dues, assessments and similar amounts from members

2

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a

Current year

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

5

**Part IV**

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1	SUPPLEMENTAL INFORMATION REGARDING LOBBYING EXPENSES 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

## TY 2015 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. \$	
97,499	\$685,964,708 THIS ORGANIZATION HAS MADE THE
	LOBBYING ELECTION UNDER I.R.C. SECTION 501(H) FOR THE TAX
	YEAR ENDED SEPTEMBER 30, 2016. THIS ELECTION HAS NOT BEEN
	REVOKED BEFORE THE START OF THE ORGANIZATION'S TAX YEAR
	THAT BEGAN IN 2015. -----
	DIRECT OTHER LOBBYING EXEMPT PURPOSE NAME OF NON-
	ELECTING ORGANIZATION EXPENDITURES EXPENDITURES
_____ SOUTHEAST COMMUNITY HEALTH SRVS, INC. \$	
NONE	\$ 147,463 TALLAHASSEE MEMORIAL HEALTHCARE FND. NONE
1,417,213	----- \$ NONE \$ 1,564,676
TOTALS	\$ 97,499 \$687,529,384 =====

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number  
59-1917016

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 can 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" on 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 education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year  
▶

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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)

Revenue included on 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 (ASC 958) relating to these items

a

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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" on 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII 

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	7,134,085	9,171,531	8,953,457	8,742,748	7,583,960
b Contributions . . . . .	195,126	375,335	23,477	88,362	898,431
c Net investment earnings, gains, and losses	198,103	94,119	194,597	122,347	260,357
d Grants or scholarships . . . . .	0	0	0	0	0
e Other expenditures for facilities and programs . . . . .	6,000	2,506,900	0	0	0
f Administrative expenses . . . . .	0	0	0	0	0
g End of year balance . . . . .	7,521,314	7,134,085	9,171,531	8,953,457	8,742,748

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		17,162,554		17,162,554
b Buildings . . . . .		322,862,542	163,612,633	159,249,909
c Leasehold improvements . . . . .		6,849,074	1,725,083	5,123,991
d Equipment . . . . .		247,955,486	176,175,408	71,780,078
e Other . . . . .		36,490,800		36,490,800
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				289,807,332





**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

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

1	(a) Description of Liability	(b) Book Value
	WORKER'S COMP SELF INSURANCE	1,612,545
	PROFESSIONAL LIABILITY SELF IN	22,108,657
	MIN PENSION LIABILITY	97,950,891
	OBLIGATION FOR SUPPLEMENTAL EX	4,314,332
	DEFFERRED COMP ARRANGEMENT	2,950,976
	ASSET RETIREMENT OBLIGATION	380,000
	AHCA ASSESSMENT	3,354,858
	OTHER LIABILITIES	9,864,566

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 3A & 4	ALL ENDOWMENT FUNDS ARE UTILIZED IN PURSUIT OF THE ORGANIZATION'S TAX EXEMPT PURPOSES -- -----

SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
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 its grants and other 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 its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Program Services	Insurance Coverage	957,500
<b>3a</b> Sub-total					957,500
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					957,500

**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. Part II can be duplicated if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

[illegible]

**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, Return by a U S Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

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, Information 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, do not file with Form 990)*

☐

Yes

☒

No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1917016

**Name:** TALLAHASSEE MEMORIAL HEALTHCARE INC

---

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number  
59-1917016

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			22,012,662	0	22,012,662	3 840 %
b Medicaid (from Worksheet 3, column a)			63,383,541	51,920,677	11,462,864	2 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			85,396,203	51,920,677	33,475,526	5 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			13,184,651	2,768,631	10,416,020	1 820 %
g Subsidized health services (from Worksheet 6)			84,627,671	52,346,279	32,281,392	5 630 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			97,812,322	55,114,910	42,697,412	7 450 %
k Total. Add lines 7d and 7j			183,208,525	107,035,587	76,172,938	13 290 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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		594,629			0 100 %
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		594,629			0 100 %

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?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

112,773,298

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

19,938,162

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

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

5

98,001,339

6

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

6

106,339,700

7

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

7

-8,338,361

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?

9a

Yes

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.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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 NA				
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—see instructions)  
How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A )  
TALLAHASSEE MEMORIAL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (f from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 ..... If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" 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 checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" 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 Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? ..... If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? ..... a If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10	Yes
10b		10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

TALLAHASSEE MEMORIAL HEALTHCARE INC

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 400 %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b> Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

TALLAHASSEE MEMORIAL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation



**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?\_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 7 (BAD DEBT EXPENSE, COSTING METHODOLOGY USED)	THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS \$112,773,298 FOR THE YEAR ENDED SEPTEMBER 30, 2016 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 ----- PART II (DETAIL OF COMMUNITY BUILDING ACTIVITIES) AS PART OF ITS COMMUNITY BENEFIT PROGRAM, TMH AND ITS COLLEAGUES CONTRIBUTE BOTH TIME AND DOLLARS TO A VARIETY OF LOCAL NONPROFIT ORGANIZATIONS, PARTICULARLY THOSE WHOSE MISSIONS HELP IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITY DURING THE FISCAL YEAR, TMH CONTRIBUTED SIGNIFICANTLY IN CASH AND IN-KIND DONATIONS, INCLUDING ADMINISTRATIVE SUPPORT, TO MORE THAN 25 DIFFERENT NONPROFIT ORGANIZATIONS SOME OF THE ORGANIZATIONS THAT BENEFITTED FROM THE GENEROSITY OF TMH COLLEAGUES WERE THE FOLLOWING ALZHEIMER'S PROJECT AMERICAN CANCER SOCIETY AMERICAN HEART ASSOCIATION AMERICAN LUNG ASSOCIATION BIG BEND HOSPICE, INC BOND COMMUNITY HEALTH CENTER CHILDREN'S HOME SOCIETY DOWN'S SYNDROME ASSOCIATION FOUNDATION FOR LEON COUNTY SCHOOLS FSU DANCE MARATHON /CHILDREN'S MIRACLE NETWORK LEUKEMIA & LYMPHOMA SOCIETY MARCH OF DIMES MEALS ON WHEELS RONALD MCDONALD HOUSE ROTARY CLUB SICKLE CELL FOUNDATION TALLAHASSEE SENIOR CENTER UNITED WAY OF THE BIG BEND - -----

Form and Line Reference	Explanation
PART III, SECTION A, LINE 1 (BAD DEBT EXPENSE)	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 2 (BAD DEBT EXPENSE METHODOLOGY) THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE) --- -----

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4 (BAD DEBT EXPENSE FOOTNOTE)	THE BAD DEBT EXPENSE FOOTNOTE DISCLOSURE CAN BE FOUND ON PAGE 9 OF THE ATTACHED FINANCIAL STATEMENTS FOR TALLAHASSEE MEMORIAL HEALTHCARE, INC & SUBSIDIARIES -----

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON THE HOSPITAL'S MEDICARE COST REPORT FILING FOR THE YEAR CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF TMH AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, TMH PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY TMH TO PROVIDE SUCH SERVICES AS A RESULT, TMH VIEWS ANY SHORTFALL REPORTED IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION -----

Form and Line Reference	Explanation
PART III, LINE 9B (COLLECTION PRACTICES)	THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE -----

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	SEE RESPONSE TO PART V, SECTION B, LINE 5 (INPUT FROM COMMUNITY) ----- -

Form and Line Reference	Explanation
PART VI, LINE 3 (PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE)	<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. 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 ADREIMA, 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 MAY BE SCHEDULED AS NEEDED. 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 ADREIMA. ADREIMA, THROUGH A STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES REPRESENTATIVE, ASSISTS PATIENTS IN COMPLETING THE MEDICAID APPLICATION. IF THE PATIENT IS DISABLED, OR GOING TO BE DISABLED FOR AT LEAST A YEAR, 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> <p><a href="http://map.healthcareforflorida.org/">HTTP //MAP HEALTHCAREFORFLORIDA.ORG/</a> A COPY OF OUR FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT <a href="https://www.tmh.org/patients-and-visitors/transparency-billing-and-quality">https //www.tmh.org/patients-and-visitors/transparency-billing-and-quality</a> -----</p>



Form and Line Reference	Explanation
PART VI, LINE 4 (COMMUNITY INFORMATION)	<p>TMH IS LOCATED IN THE CAPITAL CITY OF TALLAHASSEE, FLORIDA, IN THE HEART OF THE STATE'S PANHANDLE TMH'S PRIMARY SERVICE AREA IS A FOUR-COUNTY REGION (PSA) CONTAINING LEON, GADSDEN, WAKULLA, AND JEFFERSON COUNTIES WITH A POPULATION GREATER THAN 375,000 LEON COUNTY IS THE LARGEST COUNTY IN THE PSA REPRESENTING 75% OF THE FOUR COUNTY POPULATION BASED IN LEON COUNTY, TMH SERVES A TRULY DIVERSE POPULATION WITHIN THE FOUR COUNTY REGION 24 62% OF RESIDENTS ARE UNINSURED AND UNEMPLOYMENT IS 11 75% THE NUMBER OF CHILDREN IN POVERTY STANDS AT 22 69%, THOSE OVER THE AGE OF 65 IN POVERTY IS 13 17% AND THE NUMBER OF FAMILIES WITH A SINGLE PARENT IN POVERTY IS 39 18% THESE FIGURES PLACE THE REGION IN THE LOWEST QUARTILE IN THE STATE OF FLORIDA IN THESE CATEGORIES (TRUVEN HEALTH ANALYTICS, COMMUNITY NEED INDEX, 2016 ) LEON COUNTY BOASTS A HIGH EDUCATIONAL RATE WITH 44% OF THE COUNTY POPULATION OVER THE AGE OF 25 HAVING A BACHELORS DEGREE OR HIGHER COMPARED TO THE FLORIDA RATE OF 27% WAKULLA AND JEFFERSON COUNTIES RATE IS 17%, FRANKLIN IS AT 27% AND GADSDENS RATE IS 16% (US CENSUS BUREAU QUICK FACTS, 2016) ----- -----</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	<p>AS THE LARGEST SAFETY NET HOSPITAL IN THE SERVICE AREA SPANNING 17 COUNTIES IN NORTH FLORI DA AND SOUTH GEORGIA, TMH HAS A LONG HISTORY OF IMPROVING HEALTH AND QUALITY OF LIFE THROU GHOUT THE REGION DURING FISCAL YEAR 2016, TMH EXPANDED ACCESS TO CARE BY BRINGING NEW PHY SICIANS FACILITIES AND TECHNOLOGIES TO THE AREA AND REACHED THE COMMUNITY WITH EDUCATIONAL EVENTS AND INITIATIVES SUBSIDIZED MEDICAL CARE AS A NOT-FOR-PROFIT COMMUNITY HEALTHCARE SYSTEM, TMH OFTEN SUBSIDIZES HEALTH SERVICES THAT DO NOT GENERATE A POSITIVE OPERATING MAR GIN BUT ARE NEEDED IN THE COMMUNITY THE MAJORITY OF THESE SERVICES ARE PROVIDED BY THE DI ABETES CENTER, THE NEUROSCIENCE CENTER, THE TRANSITION CENTER, THE BIXLER TRAUMA &amp; EMERGEN CY, THE EMERGENCY CENTER - NORTHEAST AND RURAL CLINICS THROUGHOUT THE BIG BEND THROUGH CL ASSES AND INDIVIDUAL OR FAMILY COUNSELING SESSIONS ON TOPICS SUCH AS MANAGING AND TESTING BLOOD SUGAR CHOOSING HEALTHY FOODS, AND STARTING INSULIN AND NUTRITION THERAPY, THE DIABET ES CENTER HELPS PATIENTS BETTER MANAGE THEIR CONDITION AND AVOID COMPLICATIONS NEARLY A T HIRD OF THE DIABETES CENTER PATIENTS ACCESS CARE THROUGH SUBSIDIZED SERVICES THE NEUROSCI ENCE CENTER PROVIDES A VARIETY OF SUPPORT SERVICES TO PATIENTS WITH INJURIES AND CONDITION S AFFECTING BRAIN AND NERVOUS SYSTEM AN INNOVATIVE FACILITY DESIGNED TO REDUCE EMERGENCY ROOM VISITS AND HOSPITAL READMISSIONS, THE TRANSITION CENTER PROVIDES FOLLOW-UP CARE TO PA TIENTS WHO MAY BE AT HIGH RISK FOR READMISSION AFTER LEAVING THE HOSPITAL TMH'S RURAL CLI NICS, INCLUDING FAMILY MEDICINE PRACTICES IN GADSDEN, JEFFERSON, TAYLOR, WAKULLA, AND CALH OUN COUNTIES ENSURE PATIENTS IN TALLAHASSEE'S SURROUNDING COMMUNITIES ARE ABLE TO RECEIVE CARE CLOSE TO HOME SINCE 2009, THE TALLAHASSEE MEMORIAL BIXLER TRAUMA &amp; EMERGENCY CENTER HAS OPERATED AS THE REGION'S ONLY LEVEL II TRAUMA CENTER IN 2013, TMH ALSO OPENED THE EME RGENCY CENTER - NORTHEAST, EXPANDING EMERGENCY CARE OPTIONS FOR OUR SERVICE AREA IMPROVIN G ACCESS TO HEALTHCARE TMH HAS MADE MANY INVESTMENTS IN ORDER TO OFFER THE COMMUNITY GREAT ER ACCESS TO NEEDED HEALTHCARE SERVICES IN ADDITION TO THE ESTABLISHMENT OF THE TRANSITIO N CENTER AND THE RECENT OPENING OF THE TALLAHASSEE MEMORIAL EMERGENCY CENTER - NORTHEAST T ELEMEDICINE TECHNOLOGIES AND THE CONTINUAL DEVELOPMENT OF RESIDENCY PROGRAMS ALLOW MORE PE OPLE TO RECEIVE CARE AT TMH VIRTUAL HEALTHCARE TOOLS KNOWN AS TELEMEDICINE ALLOW PHYSICIA NS TO CONNECT WITH PATIENTS AND FELLOW PHYSICIANS FOR ONLINE CONSULTATIONS GREATLY EXPANDI NG ACCESS TO CARE FOR RESIDENTS OF OUR RURAL COMMUNITIES RESIDENCY PROGRAMS IN FAMILY MED ICINE, INTERNAL MEDICINE, GENERAL SURGERY, NURSING, AND PHARMACY IMPROVE ACCESS TO CARE AN D HELP DEVELOP THE BIG BEND'S MEDICAL COMMUNITY PROVIDING THE MOST COMPREHENSIVE EMERGENC Y SERVICES PROGRAM IN THE REGION TALLAHASSEE MEMORIAL HEALTHCARE IS THE REGIONS SAFETY NET HOSPITAL TRAUMA AND EMERGENCY SERVICES OPERATE AT A FINANCIAL LOSS HOWEVER, THE PROVISI ON OF A DESIGNATED LEVEL II TRAUMA CENTER IS AN ESSENTIAL SERVICE FOR TMHS SERVICE AREA T HE INCREASED COMPLEXITY AND VOLUME OF CARE PROVIDED IN THE EMERGENCY CENTER QUICKLY CAUSED THE FACILITY TO REACH CAPACITY AND RESULTED IN EXTENDED WAIT TIME FOR EMERGENT PATIENT CA RE BETWEEN THE BIXLER TRAUMA &amp; EMERGENCY CENTER, EMERGENCY CENTER NORTHEAST AND URGENT CA RE, OVER 379 PATIENTS ARE SEEN DAILY TMHS TRAUMA PROGRAM HAS SEEN A 26 PERCENT INCREASE I N VOLUME SINCE 2013, AND THAT UPWARD TREND CONTINUES THE MEDIAN PATIENT ARRIVAL TIME TO P ATIENT PLACEMENT IN A BED HAS DECREASED BY SIX MINUTES AT THE BIXLER TRAUMA &amp; EMERGENCY CE NTER FROM 2013 TO 2015 THE NUMBER OF PATIENTS THAT LEFT WITHOUT BEING SEEN HAS INCREASED FROM 4 6 PERCENT IN 2013 TO 6 5 PERCENT IN 2016 BECAUSE OF SIGNIFICANT INCREASES IN ORGANI ZATIONAL PATIENT VOLUME THE EMERGENCY CENTER NORTHEAST, WHICH OPENED IN AUGUST OF 2013, H AS CONTINUED TO EVOLVE AND TAKE ON A LARGER PATIENT POPULATION THE AVERAGE DAILY PATIENT COUNT WAS 87 IN 2014 AND THEY NOW SEE AN AVERAGE OF 125 PATIENTS A DAY THIS HAS GREATLY I NCREASED THE COMMUNITY ACCESS TO CARE THE MEDIAN PATIENT ARRIVAL TIME ACCESS TO CARE TO P ATIENT PLACEMENT IN A BED IS 12 MINUTES THE MEDIAN PATIENT ARRIVAL TO PROVIDER EVALUATION TIME IS 14 MINUTES THE NUMBER OF PATIENTS WHO LEFT BEFORE BEING SEEN HAS REMAINED BELOW THE NATIONAL AVERAGE AT 1 85 PERCENT IN 2016 TMH INTRODUCED THE BEHAVIORAL HEALTH ACCESS CENTER IN 2013 TO PROVIDE IMPROVED ACCESS AND QUALITY OF CARE FOR MENTAL HEALTH EMERGENCIE S OCCURRING THROUGHOUT THE BIG BEND REGION APPROPRIATE PATIENTS WHO DO NOT REQUIRE EMERGE NCY CARE CAN MOVE DIRECTLY TO THE ACCESS CENTER BEHAVIORAL HEALTH ACCESS CENTER HAS DECRE ASED BEHAVIORAL HEALTH VOLUMES IN THE BIXLER TRAUMA &amp; EMERGENCY CENTER BY 64 PERCENT, IMPR OVING TIMELY ACCESS TO CARE FOR ALL PATIENT POPULATIONS CONTINUING DEVELOPMENT OF THE STR ATEGIC TMH PHYSICIAN PARTNERS REGIONAL EXPANSION PLAN IN CONTINUATION OF TMHS COMMITMENT T O IMPROVE ACCESS TO HEALTHCARE IN SURROUNDING RURA</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	<p>L COMMUNITIES, TMH OPERATES FIVE FAMILY MEDICINE PRACTICES THROUGHOUT THE AREA WITH OFFICE S LOCATED IN GADSDEN, JEFFERSON, TAYLOR, WAKULLA AND CALHOUN COUNTIES THROUGH OUR PRIMARY CARE RECRUITMENT EFFORTS IN RURAL COMMUNITIES, AND THE ADDITION OF NEW PROVIDERS, PATIENT VISITS WERE INCREASED BY OVER 3,128 VISITS OR 4 PERCENT OVER THE THREE-YEAR PERIOD PHYSICIAN PARTNERS HAS EXPANDED THE REGIONAL REFERRAL PROCESS FOR SPECIALTY CARE IN RURAL COMMUNITIES AS SEEN BY THE INCREASE OF PATIENT VISITS OVER THE THREE-YEAR PERIOD TMH CONTINUES TO BE A KEY HEALTH PARTNER ON LOCAL HEALTH INITIATIVES AND GROUPS SUCH AS THE UNITED WAY HEALTH COUNCIL, THE GADSDEN HEALTH COUNCIL, THE LEON COUNTY COMMISSION HEALTH NETWORK GROUP AND THE BOARDS OF BOTH DOCTORS MEMORIAL HOSPITAL AND THE GEORGE E WEEMS HOSPITAL TALLA HASSEE MEMORIAL ACCESS TO CARE HEALTHCARE WAS ALSO INSTRUMENTAL IN DEVELOPING A COMMUNITY ACTION GROUP ANCHORED BY SEVERAL COMMUNITY AGENCIES AND COMPANIES IN GADSDEN COUNTY CALLED STEP-UP FOR GADSDEN WITH THE AIM OF HELPING PEOPLE WHO LIVE IN GENERATIONAL POVERTY OBTAIN SUSTAINABILITY CONTINUE TO BUILD THE TMH/FSU PHYSICIAN RESIDENCY PROGRAMS TMH 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&amp;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 TMH HAS AWARDED A LAND GRANT TO TALLAHASSEE COMMUNITY COLLEGE (TCC) AS PART OF ITS PLAN TO DEVELOP A HEALTH EDUCATION PARTNERSHIP CAMPUS ON A PORTION OF THE 81.4 ACRES OF UNDEVELOPED LAND IT OWNS BEHIND THE HOSPITAL IN AUGUST 2011, TMH 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 363 GRADUATES SINCE ITS INCEPTION IN 1973 OF THOSE, 155 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 26 RESIDENTS DURING 2016, BOTH RESIDENCY PROGRAMS OPERATED AT A NET LOSS OF \$9,533,353.72 IN EARLY 2014, THE TALLAHASSEE MEMORIAL HEALTHCARE BOARD OF DIRECTORS AND THE FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE ANNOUNCED PLANS TO CREATE A GENERAL SURGERY RESIDENCY PROGRAM IN TALLAHASSEE THE PROGRAM, EXPECTED TO PRODUCE TWO NEW GENERAL SURGEONS A YEAR WHEN AT FULL CAPACITY, WILL BE THE FIRST SURGERY RESIDENCY PROGRAM IN NORTHWEST FLORIDA THE GENERAL SURGERY RESIDENCY PROGRAM ACCEPTED THEIR FIRST RESIDENTS FOR ACADEMIC YEAR 2016-2017 THE GENERAL SURGERY RESIDENCY PROGRAM IS A 5 YEAR PROGRAM AND EXPECTS THEIR FIRST GRADUATION OF RESIDENTS TO BE JUNE 30, 2020 IMPROVING METABOLIC HEALTH TALLAHASSEE MEMORIAL HEALTHCARE WAS AN ACTIVE FOUNDING SPONSOR FOR THE STOMP OUT TYPE 2 DIABETES PROGRAM TARGETED AT LEON COUNTY SCHOOL STUDENTS, AND THEIR FAMILIES, TO PROMOTE HEALTHY WEIGHT AND EATING BEHAVIORS DURING NATIONAL NUTRITION MONTH, REGISTERED DIETITIANS PROVIDED GARDENING AND NUTRITION EDUCATION TO OVER 350 PEOPLE IN SENIOR CENTERS, WORKSITES AND</p>

Form and Line Reference	Explanation
PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)	NOT APPLICABLE ----- PART VI, LINE 7 (STATE FILING OF COMMUNITY BENEFIT REPORT) NOT APPLICABLE -----

**Schedule H (Form 990) 2015**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1917016

**Name:** TALLAHASSEE MEMORIAL HEALTHCARE INC

### Form 990 Schedule H, Part V Section A. Hospital Facilities

#### Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	TALLAHASSEE MEMORIAL HOSPITAL 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32309 WWW.TMH.ORG LICENSE# 4080	X	X		X			X			

# 2015

**Open to Public  
Inspection**

59-1917016

☒ Yes      ☐ No

### (h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIPTION OF GRANT PROGRAMS TALLAHASSEE MEMORIAL HEALTHCARE, INC ("TMH") MAINTAINS A SPONSORSHIP COMMITTEE WHICH OVERSEES THE ORGANIZATIONS SPONSORSHIP/GRANT-MAKING PROCESS COMPLETED APPLICATION FORMS MUST BE SUBMITTED IN ORDER FOR TMH TO EVALUATE THE BENEFITS OF THE PROPOSED ACTIVITY- HOW THE PROPOSED SPONSORSHIP OPPORTUNITY ALIGNS WITH TMHS MISSION AND VISION, AS WELL AS HOW THE PROPOSED ACTIVITY CAN HELP THE COMMUNITY APPLICATIONS AND FURTHER INFORMATION ARE AVAILABLE ON TMHS WEBSITE AT <a href="https://www.tmh.org/sponsorship">HTTPS //WWW.TMH.ORG/SPONSORSHIP</a>



**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE, FL 32308	13-1788491	501(C)(3)	12,500				SPONSORSHIP - RELAY FOR LIFE EVENTS
ECONOMIC DEVELOPMENT COUNCIL OF TALLAHASSEE-LEON PO BOX 1639 TALLAHASSEE, FL 32302	59-3374108	501(C)(3)	6,667				SPONSORSHIP
GOODWOOD MUSEUM AND GARDENS INC 1600 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	31-1539800	501(C)(3)	7,500				SPONSORSHIP - GOODWOOD JAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARCH OF DIMES 555 WINDERLY PLACE SUITE 105 MAITLAND, FL 32751	13-1846366	501(C)(3)	10,075				SPONSORSHIP - MARCH FOR BABIES
RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE INC 712 E 7TH AVE TALLAHASSEE, FL 32303	59-2794505	501(C)(3)	5,500				SPONSORSHIP - STONE CRAB FEST
TALLAHASSEE CHAMBER OF COMMERCE PO BOX 1639 TALLAHASSEE, FL 32302	59-0474165		9,810				SPONSORSHIPS - AWARDS SPONSOR, RELOCATION PACKET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULF WINDS TRACK CLUB INC 1820 TYNDALL DRIVE TALLAHASSEE, FL 32304	59-1896178	501(C)(3)	6,000				SPONSORSHIP - TALLAHASSEE MARATHON
UNITED WAY OF THE BIG BEND 307 EAST 7TH AVENUE TALLAHASSEE, FL 32303	59-6011150	501(C)(3)	100,000				SPONSORSHIP OF UNITED WAY PROGRAMS
FLORIDA LITFEST INC PO BOX 861 TALLAHASSEE, FL 32303	46-3527772	501(C)(3)	12,500				SPONSORSHIP - WORD OF SOUTH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA TAXWATCH RESEARCH INSTITUTE INC PO BOX 10209 TALLAHASSEE, FL 32302	59-1918055	501(C)(3)	7,500				MEMBERSHIP

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number  
59-1917016

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>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 of the expenses described above? If "No," complete Part III to explain.</div>	Yes	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	Yes	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	Yes	
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>		No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>		No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on 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.</div>	Yes	
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	QUESTIONS REGARDING COMPENSATION DIRECTORS RECEIVE COMPLIMENTARY ACCESS TO TMH'S HEALTH CLUB, PREMIER HEALTH AND FITNESS CENTER -----
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS DURING THE SEPTEMBER 30, 2016 FISCAL YEAR, ROBERT L MOORE, JR RECEIVED A \$108,227 SEVERANCE PAYMENT FROM THE ORGANIZATION -----
FORM 990, SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS TMH MAINTAINS A VARIABLE COMPENSATION PROGRAM FOR CERTAIN MANAGERS THAT MAKE 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.

Additional Data

Software ID:

Software Version:

EIN: 59-1917016

Name: TALLAHASSEE MEMORIAL HEALTHCARE INC

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1G MARK O'BRYANT CEO/PRESIDENT	(i)	817,087	185,477	21,332	251,858	10,493	1,286,247	0
	(ii)	0	0	0	0	-0	-0	0
1WILLIAM GIUDICEVP/CFO	(i)	462,319	68,657	12,925	15,900	10,497	570,298	0
	(ii)	0	0	0	0	-0	-0	0
2JASON MOOREVP/COO	(i)	424,326	38,745	7,498	15,900	6,653	493,122	0
	(ii)	0	0	0	0	-0	-0	0
3WARREN JONES VP/CHIEF COMMUNICATION OFFICER	(i)	192,272	17,634	2,104	12,850	2,158	227,019	0
	(ii)	0	0	0	0	-0	-0	0
4BARBARA ALFORD VP/CHIEF PATIENT CARE OFFICER	(i)	266,461	23,016	2,152	15,900	6,216	313,746	0
	(ii)	0	0	0	0	-0	-0	0
5CYNTHIA BLAIR VP/CHIEF IMPROVEMENT OFFICER	(i)	214,036	23,295	2,152	14,369	0	253,852	0
	(ii)	0	0	0	0	-0	-0	0
6PAULA S FORTUNAS VP/CHIEF ADVANCEMENT OFFICER	(i)	209,461	20,000	2,914	14,072	2,163	248,610	0
	(ii)	0	0	0	0	-0	-0	0
7DONALD LINDSEYVP/CMO	(i)	224,509	22,924	1,267	10,230	7,051	265,982	0
	(ii)	0	0	0	0	-0	-0	0
8ROBERT L MOORE VP/CHIEF HR OFFICER	(i)	261,402	23,926	1,406	15,900	2,235	304,869	0
	(ii)	0	0	0	0	-0	-0	0
9DEAN WATSON MDVP/CMO	(i)	364,277	51,255	4,974	15,900	8,317	444,722	0
	(ii)	0	0	0	0	-0	-0	0
10PHILIP V SHARP MD PHYSICIAN (RAD ONC)	(i)	512,181	333,660	399	15,900	7,051	869,191	0
	(ii)	0	0	0	0	-0	-0	0
11IMAN IMANIRAD MD PHYSICIAN (HEM/ONC)	(i)	350,372	399,621	156	15,900	3,574	769,624	0
	(ii)	0	0	0	0	-0	-0	0
12AMIT JAIN MD PHYSICIAN (HEM/ONC)	(i)	347,368	382,565	139	15,900	6,577	752,549	0
	(ii)	0	0	0	0	-0	-0	0
13DHANANJAY D BENDRE MD PHYSICIAN (RAD ONC)	(i)	657,072	66,686	2,260	15,900	6,241	748,159	0
	(ii)	0	0	0	0	-0	-0	0
14OVIDIU MARINA MD PHYSICIAN (RAD ONC)	(i)	349,670	272,582	173	9,519	6,074	638,018	0
	(ii)	0	0	0	0	-0	-0	0



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As Filed Data -

DLN: 93493227012177

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TALLAHASSEE MEMORIAL HEALTHCARE INC

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

59-1917016

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF TALLAHASSEE - SERIES OF 2008	59-6000435		09-12-2008	600,000	PURCHASE OF SLEEP CENTER EQUIPMENT		X		X		X
B CITY OF TALLAHASSEE - SERIES 2015A	59-6000435		05-28-2015	111,332,927	REFUNDING 1992B, 2000 & 2015 BONDS		X		X		X
C CITY OF TALLAHASSEE - SERIES 2016A & 2016B	59-6000435		02-02-2016	272,001,300	M T MUSTIAN CTR CONSTRUCTION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		0		0			
2	Amount of bonds legally defeased . . . . .	0		0		0			
3	Total proceeds of issue . . . . .	600,000		111,332,927		272,001,300			
4	Gross proceeds in reserve funds . . . . .	0		0		0			
5	Capitalized interest from proceeds . . . . .	0		0		0			
6	Proceeds in refunding escrows . . . . .	0		0		0			
7	Issuance costs from proceeds . . . . .	0		1,176,569		1,790,765			
8	Credit enhancement from proceeds . . . . .	0		0		0			
9	Working capital expenditures from proceeds . . . . .	0		0		0			
10	Capital expenditures from proceeds . . . . .	600,000		0		22,207,721			
11	Other spent proceeds . . . . .	0		110,156,358		0			
12	Other unspent proceeds . . . . .	0		0		248,002,814			
13	Year of substantial completion . . . . .	2009		2015					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X		X		X		
15	Were the bonds issued as part of an advance refunding issue? . . . .		X	X			X		
16	Has the final allocation of proceeds been made? . . . . .	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		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 of bond-financed property? . . . . .		X		X		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		X		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 %		0 %		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 %		0 %		0 %			
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		
b	Exception to rebate? . . . . .	X		X		X			
c	No rebate due? . . . . .		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider . . . . .	0		0		0			
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV**   **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b>	Name of provider . . . . .	0		0		0			
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

**Part V**   **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X			

**Part VI**   **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).



**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**

Provide additional information for responses to questions on Schedule L (see instructions)

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

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
(1) MOORE BASS CONSULTING INC	SIMILAR DIRECTOR/OWNER	823,393	CONSULTING ENGINEER SERVICES		No
(1) TIMOTHY FORTUNAS	FAMILY MEMBER OF OFFICER	32,686	EMPLOYMENT		No
(2) PATRICIA FAYE JONES	FAMILY MEMBER OF OFFICER	87,789	EMPLOYMENT		No

**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
(4) VIVIAN MOORE	FAMILY MEMBER OF OFFICER	67,232	EMPLOYMENT		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number  
59-1917016

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		2,051	ACTUAL COST
5 Clothing and household goods . . . . .	X		4,437	ACTUAL COST
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 . . . . .	X	22	33,161	ACTUAL COST
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( TOYS )	X	35	29,323	ACTUAL COST
26 Other ► ( OTHER ITEMS )	X	3	1,079	ACTUAL COST
27 Other ► ( )				
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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

b

If "Yes," describe the arrangement in Part II

31

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

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b

If "Yes," describe in Part II

33

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 512273

Schedule M (Form 990) (2015)



**Part II**

**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC**Employer identification number**

59-1917016

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO TMH'S FORM 990 FILING IS GATHERED BY FINANC E STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION THE 2015 FORM 990 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2016 WAS REVIEWED AND APPROVED BY V ARIOUS SENIOR FINANCE TEAM BEFORE IT WAS FILED TO THE IRS THE AUDIT AND COMPLIANCE COMMIT TEE OF THE BOARD OF DIRECTORS REVIEWED THE 990 AT THE MEETING OF THE COMMITTEE PRIOR TO ITS FILING ALL MEMBERS OF THE BOARD WERE AFFORDED THE OPPORTUNITY TO REVIEW THE FORM 990 PRI OR TO ITS FILING -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY AS PART OF OUR WRITTEN CONFLICTS OF INTEREST POLICY, OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY MEMBERS -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 15	COMPENSATION REVIEW PROCESS COMPENSATION ARRANGEMENTS INVOLVING OUR CEO AND SENIOR LEADERSHIP TEAM ARE ESTABLISHED BY TMH PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE TO SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH REQUIRES A REVIEW OF COMPENSATION DETERMINATION BY DISINTERESTED PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS) -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABILITY TO PUBLIC OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND CONSOLIDATED FINANCIAL STATEMENTS 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 -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS CHANGE IN ADDITIONAL PENSION LIABILITY \$(1,966,994) CHANGE IN FAIR VALUE OF DERIVATIVE INST 1,102,161 ADDITIONAL DEPRECIATION (103,120) _____ _____ TOTAL \$ (968,951) -----

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.      ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
TALLAHASSEE MEMORIAL HEALTHCARE INC

Employer identification number  
59-1917016

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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) MEDICUS SELECT LLC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 45-2980304	LEASED LABOR	FL	0	1,228,917	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 entity?	
						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.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
TALLAHASSEE MEMORIAL (1)HEALTH VENTURES INC  1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 59-2717050	HOLDING COMPANY	FL	TMH	C CORP	2,104,589	16,820,622	100 000 %	Yes	
PRIME MERIDIAN HEALTH (2)VENTURES INC  1309 THOMASVILLE ROAD TALLAHASSEE, FL 32303 59-2668613	DIAG IMAGING	FL	TMHV	C CORP				Yes	
TALLAHASSEE MEMORIAL (3)TELEPHONE COMPANY  1309 THOMASVILLE ROAD TALLAHASSEE, FL 32303 59-3395937	TELEPHONE COMM	FL	TMHV	C CORP				Yes	
(4) PREMIER HEALTH & FITNESS CENTER INC  3521 MACLAY BOULEVARD TALLAHASSEE, FL 32312 59-2471569	FITNESS CENTER	FL	TMHV	C CORP				Yes	



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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, or(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

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

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

Yes

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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 related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	SOUTHEAST COMMUNITY HEALTH SERVICES	A	6,989	FMV
(1)	SOUTHEAST COMMUNITY HEALTH SERVICES	K	563,517	FMV
(2)	SOUTHEAST COMMUNITY HEALTH SERVICES	O, Q	52,519	FMV
(3)	SOUTHEAST COMMUNITY HEALTH SERVICES	H	1,360,000	FMV
(4)	TALLAHASSEE MEMORIAL FOUNDATION	C	520,697	FMV
(5)	TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION	O, Q	932,000	fmv
(6)	TALLAHASSEE MEMORIAL HEALTHCARE VENTURES INC	A	1,401,864	FMV
(7)	TALLAHASSEE MEMORIAL HEALTHCARE VENTURES INC	K	266,968	FMV