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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

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

C Name of organization

TANNER MEDICAL CENTER

Doing Business As

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

705 DIXIE STREET

Room/suite

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

CARROLLTON

GA 30117

F Name and address of principal officer:

LOY M. HOWARD, CEO

705 DIXIE STREET

CARROLLTON

GA 30117

D Employer identification number

58-1790149

E Telephone number

770-836-9580

G Gross receipts \$ 333,207,750

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

X

Yes

No

H(b) Are all affiliates included?

X

Yes

No

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

H(c) Group exemption number ▶ 9705

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

J Website: ▶ WWW.TANNER.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile GA

Part I Summary

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

TO PROVIDE A CONTINUUM OF QUALITY HEALTHCARE SERVICES. TO SERVE AS A LEADER IN A COLLABORATIVE EFFORT WITH THE COMMUNITY TO PROVIDE HEALTH EDUCATION, SUPPORT SERVICES, AND CARE FOR THE COUNTY AND SURROUNDING AREA.

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

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

3 11

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

4 10

5 Total number of employees (Part V, line 2a)

5 2501

6 Total number of volunteers (estimate if necessary)

6 275

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

7a 487,127

b Net unrelated business taxable income from Form 990-T, line 3

7b

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

196,639

949,304

276,931,356

317,748,800

9,720,592

969,049

2,030,298

2,245,635

288,878,885

321,912,788

125,019,894

155,896,565

134,191,415

139,913,440

259,211,309

295,810,005

29,667,576

26,102,783

Beginning of Year

End of Year

318,170,474

332,151,861

93,371,237

93,983,607

224,799,237

238,168,254

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

LEE SHERSETH

CFO

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

GRAFFIN & TUCKER, LLP

PO BOX 6

ALBANY, GA 31702-0006

Date

5/12/10

Check if self-employed

Preparer's identifying number (see instructions)

P00861721

EIN

58-0914992

Phone

no ▶ 229-883-7878

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SCANNED APR 10 2014

MAR 27 2014

Corres Ogden

GRI-010

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