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81822

Amended 1006

Form 990

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B 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

D Employer identification number: 58-1790149

E Telephone number: 770-836-9580

G Gross receipts $: 341,391,934

F Name and address of principal officer:
LOY M. HOWARD, CEO
705 DIXIE STREET
CARROLLTON GA 30117

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)

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.TANNER.ORG

H(c) Group exemption number ▶ 9705

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1988

M State of legal domicile: GA

KV

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 net 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	2673
6	Total number of volunteers (estimate if necessary)	6	328
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	654,665
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Activities & Governance

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	949,304	212,138
9	Program service revenue (Part VIII, line 2g)	317,748,800	330,028,499
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	969,049	1,350,032
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,245,635	2,377,511
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,912,788	333,968,180
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)	155,896,565	176,394,159
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)	139,913,440	139,754,903
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	295,810,005	316,149,062
19	Revenue less expenses Subtract line 18 from line 12	26,102,783	17,819,118

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Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	332,106,647	361,667,704
21	Total liabilities (Part X, line 26)	93,938,393	94,661,739
22	Net assets or fund balances. Subtract line 21 from line 20	238,168,254	267,005,965

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ LEE SHERSETH CFO
Type or print name and title

Paid Preparer's Only

Preparer's signature	Jacqueline Atkins	Date 5/5/11	Check if self-employed ▶ [ ]	Preparer's identifying number (see instructions) P00861721
Firm's name (or yours if self-employed), address, and ZIP + 4	DRAFFIN & TUCKER, LLP PO BOX 6 ALBANY, GA 31702-0006		EIN ▶ 58-0914992	Phone no ▶ 229-883-7878

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

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

DAA

Form 990 (2009)

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

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

- Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOY HOWARD CEO	40	X		X				726,377	0	58,452
STEVE ADAMS DIRECTOR	1	X						0	0	0
NORMAN BANKS DIRECTOR	1	X						0	0	0
JOHN H. BURSON III, M.D. CHAIRMAN	1	X		X				0	0	0
JERRY CLAYTON DIRECTOR	1	X						0	0	0
MARY COVINGTON SECRETARY	1	X		X				0	0	0
DANIEL JACKSON DIRECTOR	1	X						0	0	0
STEPHEN KAHLER, MD DIRECTOR	1	X						0	0	0
JEFFREY LINDSEY, DMD TREASURER	1	X		X				0	0	0
ROBERT B. PITTS, M.D. DIRECTOR	1	X						0	0	0
NITA PRICE DIRECTOR	1	X						0	0	0
T. PETER WORTHY, D.D.S. VICE CHAIR	1	X		X				0	0	0
RANDAL PIERCE, MD EX-OFF. DIR	1	X						0	0	0
KEVIN MCLAUGHLIN, MD EX-OFF. DIR	1	X						0	0	0
WILLIAM WATERS CMO	40			X				468,634	0	22,500
LARRY STEED SENIOR VP	40			X				368,808	0	15,400
LEE SHERSETH CFO	40			X				324,446	0	14,350

M2-6

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

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

- Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY LINDSEY, DMD TREASURER	1.00	X		X				0	0	0
JOHN H. BURSON III, M.D. CHAIRMAN	1.00	X		X				0	0	0
MARY COVINGTON SECRETARY	1.00	X		X				0	0	0
DANIEL JACKSON DIRECTOR	1.00	X						0	0	0
JERRY CLAYTON DIRECTOR	1.00	X						0	0	0
LARRY BOGGS DIRECTOR	1.00	X						0	0	0
NITA PRICE DIRECTOR	1.00	X						0	0	0
NORMAN BANKS DIRECTOR	1.00	X						0	0	0
ROBERT B. PITTS, M.D. DIRECTOR	1.00	X						0	0	0
STEPHEN KAHLER, MD DIRECTOR	1.00	X						0	0	0
STEVE ADAMS DIRECTOR	1.00	X						0	0	0
LOY HOWARD CEO	40.00			X				822,104	0	63,249
WILLIAM WATERS CMO	40.00			X				473,129	0	0
LARRY STEED SENIOR VP	40.00			X				413,011	0	0
LEE SHERSETH CFO	40.00			X				406,042	0	0
JEFF JENNINGS SENIOR VP	40.00			X				365,545	0	0
DENISE TAYLOR PRES/FOUND	20.00			X				181,439	109,099	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DALE DREILING SENIOR VP TMG	40.00			X				0	0	0
WAYNE SENFELD ADMINISTRATOR	40.00				X			236,312	0	0
MIKE ALEXANDER ADMINISTRATOR	40.00				X			224,190	0	0
DEBORAH MATTHEWS ADMINISTRATOR	40.00				X			200,723	0	0
CYNTHIA MASTERS VP PHYS SVC	40.00				X			170,884	0	0
LINDA CONNER DON	40.00				X			160,734	0	0
CAROL CREWS VP FINANCE	40.00				X			152,460	0	0
SHAZIB KHAWAJA, MD PHYSICIAN	40.00					X		1,284,133	0	0
CHRISTOPHER ARANT, MD PHYSICIAN	40.00					X		778,777	0	0
MICHAEL RIVERA WEISS PHYSICIAN	40.00					X		597,323	0	0
MICHAEL FLOOD, MD PHYSICIAN	40.00					X		581,752	0	0
SHERI CAMPBELL, MD PHYSICIAN	40.00					X		525,827	0	0
1b Total ▶								7,574,385	109,099	63,249

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 181

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK 10510 TWIN LAKES PARKWAY CHARLOTTE NC 28269	ENGINEERING	2,218,910
MEDQUIST P.O. BOX 10832 NEWARK NJ 07193-0832	TRANSCRIPTION	1,975,311
SOUTHERN THERAPY 120 EAST CENTER STREET CARROLLTON GA 30117	THERAPY	1,754,826
EARL SWENSON ARCHITECTURE P.O. BOX 410628 NASHVILLE TN 37241-0628	ARCHITECTURE	1,348,109
WEST GA HOSPITALIST, LLC P.O. BOX 6084 DOUGLASVILLE GA 30154	HOSPITALIST	1,096,669

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 52

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE TAYLOR PRES/FOUND	40			X				308,431	0	11,000
JEFF JENNINGS SENIOR VP	40			X				282,655	0	13,500
DEBORAH MATTHEWS ADMINIS	40				X			186,166	0	0
MIKE ALEXANDER ADMINIS	40				X			184,987	0	0
WAYNE SENFELD ADMINIS	40				X			182,852	0	0
CYNTHIA MASTERS VP PHYS SVC	40				X			160,911	0	0
SHAZIB KHAWAJA, MD PHYSICIAN	40					X		1,264,551	0	0
SHERI CAMPBELL, MD PHYSICIAN	40					X		674,256	0	0
MICHAEL FLOOD, MD PHYSICIAN	40					X		615,616	0	0
WILLIAM PARRISH, MD PHYSICIAN	40					X		395,543	0	0
TUNICIA GIRON, MD YSICIAN	40					X		389,722	0	0
RICHARD MCCONAHY COO							X	199,647	0	0
1b Total ▶								6,733,602		135,202

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 130

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDQUIST P.O. BOX 10832 NEWARK NJ 07193-0832	TRANSCRIPTION	2,308,959
SOUTHERN THERAPY 120 EAST CENTER STREET CARROLLTON GA 30117	THERAPY	1,726,111
WEST GA HOSPITALIST, LLC P.O. BOX 6084 DOUGLASVILLE GA 30154	HOSPITALIST	987,513
LABCORP OF AMERICA HOLDINGS P.O. BOX 12140 BURLINGTON NC 27216-2140	LAB SERVICES	875,511
EARL SWENSON ARCHITECTURE P.O. BOX 410628 NASHVILLE TN 37241-0628	ARCHITECTURE	791,491

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 65

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,823,989		3,823,989	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	131,522,470	116,868,766	14,653,704	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,566,061	4,797,247	768,814	
9 Other employee benefits	26,424,633	22,845,883	3,578,750	
10 Payroll taxes	9,057,006	7,816,781	1,240,225	
11 Fees for services (non-employees)				
a Management				
b Legal	558,913		558,913	
c Accounting	174,280		174,280	
d Lobbying	101,683		101,683	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	10,361		10,361	
g Other	22,233,834	17,859,554	4,374,280	
12 Advertising and promotion	2,312,672	401,101	1,911,571	
13 Office expenses	44,914,982	40,840,671	4,074,311	
14 Information technology				
15 Royalties				
16 Occupancy	3,479,591	2,812,863	666,728	
17 Travel	503,352	456,437	46,915	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	630,932	448,220	182,712	
20 Interest	3,311,999	1,733	3,310,266	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,756,865	16,911,876	2,844,989	
23 Insurance	2,557,756	961,940	1,595,816	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBTS	29,584,735	29,584,735		
b REPAIRS & MAINTENANCE	7,387,142	3,881,931	3,505,211	
c MISCELLANEOUS	1,164,604	704,976	459,628	
d OTHER - FOUNDATION EXP	679,837	679,837		
e DUES & SUBSCRIPTIONS	272,955		272,955	
f All other expenses	118,410	38,825	79,585	
25 Total functional expenses. Add lines 1 through 24f	316,149,062	267,913,376	48,235,686	
Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,494,239		2,494,239	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	76,923		76,923	
7 Other salaries and wages	116,657,133	102,297,091	14,360,042	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,578,510	4,050,551	527,959	
9 Other employee benefits	23,962,835	20,583,325	3,379,510	
10 Payroll taxes	8,126,925	7,024,605	1,102,320	
11 Fees for services (non-employees)				
a Management				
b Legal	260,866		260,866	
c Accounting	157,075		157,075	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	432,948		432,948	
g Other	21,793,020	18,178,719	3,614,301	
12 Advertising and promotion	2,770,458	488,368	2,282,090	
13 Office expenses	42,832,095	39,150,651	3,681,444	
14 Information technology				
15 Royalties				
16 Occupancy	3,754,760	2,979,356	775,404	
17 Travel	492,049	454,152	37,897	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	573,641	355,921	217,720	
20 Interest	3,424,842	4,669	3,420,173	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,527,851	14,701,850	3,826,001	
23 Insurance	2,402,531	700,602	1,701,929	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBTS	33,823,254	33,823,254		
b REPAIRS & MAIN.	6,612,856	3,996,008	2,616,848	
c MISC.	1,085,925	474,011	611,914	
d OTHER - FOUNDATION EXP	672,661		672,661	
e DUES & SUBSCRIPTIONS	223,143		223,143	
f All other expenses	73,465	13,020	60,445	
25 Total functional expenses. Add lines 1 through 24f	295,810,005	249,276,153	46,533,852	
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	1,439,697	1	2,472,287
	2	Savings and temporary cash investments	24,926,504	2	33,491,353
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	38,081,199	4	33,007,278
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	4,106,997	7	4,014,907
	8	Inventories for sale or use	4,562,337	8	5,070,570
	9	Prepaid expenses and deferred charges	2,680,966	9	3,204,230
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 307,799,716			
	b	Less: accumulated depreciation — 10b: 158,010,152	150,806,768	10c	149,789,564
	11	Investments—publicly traded securities	97,706,181	11	118,294,846
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	193,068	14	517,875
	15	Other assets See Part IV, line 11	7,602,930	15	11,804,794
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	332,106,647	16	361,667,704
Liabilities	17	Accounts payable and accrued expenses	22,067,884	17	24,681,649
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	70,805,200	20	68,519,600
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	712,162	22	652,303
	23	Secured mortgages and notes payable to unrelated third parties	75,712	23	32,450
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	277,435	25	775,737
	26	**Total liabilities.** Add lines 17 through 25	93,938,393	26	94,661,739
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	234,413,049	27	261,782,079
	28	Temporarily restricted net assets	2,646,460	28	3,864,778
	29	Permanently restricted net assets	1,108,745	29	1,359,108
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	238,168,254	33	267,005,965
	34	Total liabilities and net assets/fund balances	332,106,647	34	361,667,704

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		933,451	1	1,439,697
	2	Savings and temporary cash investments		13,696,693	2	24,926,504
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,142,493	4	38,081,199
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		4,264,926	7	4,106,997
	8	Inventories for sale or use		4,153,740	8	4,562,337
	9	Prepaid expenses and deferred charges		2,173,355	9	2,680,966
	10a	Land, buildings, and equipment: cost basis	10a 290,125,094			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 139,318,326	139,730,179	10c	150,806,768
	11	Investments—publicly traded securities		113,598,032	11	97,706,181
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	193,068
	15	Other assets. See Part IV, line 11		8,477,605	15	7,648,144
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		318,170,474	16	332,151,861
Liabilities	17	Accounts payable and accrued expenses		18,198,129	17	22,113,098
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		72,450,200	20	70,805,200
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		767,709	22	712,162
	23	Secured mortgages and notes payable to unrelated third parties		119,703	23	75,712
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		1,835,496	25	277,435
	26	**Total liabilities.** Add lines 17 through 25		93,371,237	26	93,983,607
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		220,801,364	27	234,413,049
	28	Temporarily restricted net assets		2,647,211	28	2,646,460
	29	Permanently restricted net assets		1,350,662	29	1,108,745
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		224,799,237	33	238,168,254
	34	Total liabilities and net assets/fund balances		318,170,474	34	332,151,861

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TANNER MEDICAL CENTER

Employer identification number

58-1790149

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TMC/TANNER GYNECOLOGY, INC. 705 DIXIE STREET 58-2637357 CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/CHILDREN'S HEALTHCARE OF WEST G 705 DIXIE STREET 58-2634487 CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GEORGIA CARDIOLOGY, INC. 705 DIXIE STREET 58-2555827 CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GA BEHAVIORAL HEALTH, INC. 705 DIXIE STREET 58-2532629 CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST CARROLL FAMILY HEALTHCARE, 705 DIXIE STREET 58-2504393 CARROLLTON GA 30117	HEALTHCARE	GA			N/A

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
TANNER MEDICAL FOUNDATION, INC. 303 AMBULANCE DRIVE 58-1790152 CARROLLTON GA 30117	FOUNDATION	GA	501C3	11B	N/A

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SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.
▶ See instructions for Schedule R (Form 990).

OMB No. 1545-0047

2009

Open to Public Inspection

Name of filing organization: TANNER MEDICAL CENTER

Employer identification number: 58-1790149

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TMC/VILLA RICA HOSPITAL, INC. 58-2453303 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA	69,646,693	89,079,176	N/A
TMC/HOSPICE CARE, INC. 58-2453302 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INTERNAL MEDICINE ASSOCIATES, I 58-2453300 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/HOME HEALTH, INC. 58-2453296 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
HIGGINS GENERAL HOSPITAL 58-2414416 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA	33,747,502	40,721,113	N/A
TALLAPOOSA FAMILY HEALTHCARE, INC. 58-2378724 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
HARALSON FAMILY HEALTHCARE, INC. 58-2378722 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/OCCUPATIONAL HEALTH, INC. 58-2362404 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TANNER MEDICAL CENTER MSO 26-4045534 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA	30,614,379	15,387,382	N/A
TMC/CAROUSEL PEDIATRICS 26-3590073 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/CARROLLTON FAMILY HEALTHCARE, I 26-3486420 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A

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SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

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OMB No. 1545-0047

2009

Open to Public Inspection

Name of filing organization: TANNER MEDICAL CENTER

Employer identification number: 58-1790149

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TMC/WOODLAND FAMILY HEALTHCARE, INC - 26-3196318 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INTERNAL MEDICINE OF VILLA RICA - 26-2988495 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/PAIN MANAGEMENT CENTER, INC. - 26-2774343 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GA FAMILY MEDICINE, INC. - 26-1231577 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INTERNAL MEDICINE OF CARROLLTON - 26-1231536 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INFECTIOUS DISEASES OF WEST GA, - 20-4090611 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/GASTROENTEROLOGY ASSOCIATES, IN - 20-3927844 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/TOTAL CARE FAMILY MEDICINE, INC - 20-3604679 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GA ANESTHESIOLOGY ASSOC, I - 20-3604642 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/IMMEDIATE CARE, INC. - 20-0379196 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TANNER INTENSIVE SERVICES, INC. - 20-0336940 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A

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SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

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OMB No. 1545-0047

2009

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Employer identification number
58-1790149

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TANNER NEUROLOGY 26-3911032 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.
DAA

Schedule R-1 (Form 990) 2009

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TANNER MEDICAL CENTER

Employer identification number
58-1790149

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
TMC/VILLA RICA HOSPITAL, INC. 705 DIXIE STREET 58-2453303 CARROLLTON GA 30117	HEALTHCARE	GA	64,984,138	86,102,405	N/A
HIGGINS GENERAL HOSPITAL 705 DIXIE STREET 58-2414416 CARROLLTON GA 30117	HEALTHCARE	GA	35,786,924	39,950,958	N/A
TANNER MEDICAL CENTER MSO 705 DIXIE STREET 26-4045534 CARROLLTON GA 30117	HEALTHCARE	GA	22,758,110	14,283,533	N/A
TALLAPOOSA FAMILY HEALTHCARE, INC. 705 DIXIE STREET 58-2378724 CARROLLTON GA 30117	HEALTHCARE	GA			N/A
HARALSON FAMILY HEALTHCARE, INC. 705 DIXIE STREET 58-2378722 CARROLLTON GA 30117	HEALTHCARE	GA			N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TANNER MEDICAL FOUNDATION, INC. 303 AMBULANCE DRIVE 58-1790152 CARROLLTON GA 30117	FOUNDATION	GA	501C3	11B	N/A

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SCHEDULE R-1 (Form 990)

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Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
TMC/OCCUPATIONAL HEALTH, INC. 58-2362404 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INTERNAL MEDICINE ASSOCIATES, I 58-2453300 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/HOME HEALTH, INC. 58-2453296 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/HOSPICE CARE, INC. 58-2453302 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST CARROLL FAMILY HEALTHCARE, 58-2504393 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GEORGIA CARDIOLOGY, INC. 58-2555827 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/CHILDREN'S HEALTHCARE OF WEST G 58-2634487 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/IMMEDIATE CARE, INC. 20-0379196 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TANNER INTENSIVE SERVICES, INC. 20-0336940 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WOODLAND FAMILY HEALTHCARE, INC 26-3196318 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/PAIN MANAGEMENT CENTER, INC. 26-2774343 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A

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SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

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(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
TMC/INTERNAL MEDICINE OF VILLA RICA - 26-2988495 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INTERNAL MEDICINE OF CARROLLTON - 26-1231536 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GA FAMILY MEDICINE, INC. - 26-1231577 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/CARROLLTON FAMILY HEALTHCARE, I - 26-3486420 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GA ANESTHESIOLOGY ASSOC, I - 20-3604642 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/WEST GA BEHAVIORAL HEALTH, INC. - 58-2532629 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/TANNER GYNECOLOGY, INC. - 58-2637357 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/TOTAL CARE FAMILY MEDICINE, INC - 20-3604679 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/CAROUSEL PEDIATRICS - 26-3590073 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/GASTROENTEROLOGY ASSOCIATES, IN - 20-3927844 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A
TMC/INFECTIOUS DISEASES OF WEST GA, - 20-4090611 705 DIXIE STREET CARROLLTON GA 30117	HEALTHCARE	GA			N/A