

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO PROVIDE A CONTINUUM OF QUALITY HEALTHCARE SERVICES WITHIN OUR RESOURCE CAPABILITIES 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** 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.

<b>4a</b>	(Code )	(Expenses \$ 201,027,203	including grants of \$ 5,621,942	(Revenue \$ 322,983,866 )
	See Additional Data			

















<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	---------	--------------	------------------------	---------------

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	---------	--------------	------------------------	---------------

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	--	--------------	------------------------	---------------

<b>4e</b>	Total program service expenses ▶	201,027,203		
-----------	----------------------------------	-------------	--	--

**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)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II 	<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? If "Yes," complete Schedule C, Part III 	<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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<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? If "Yes," complete Schedule D, Part IV 	<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? If "Yes," complete Schedule D, Part V 	<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? If "Yes," complete Schedule D, Part VI 	<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? If "Yes," complete Schedule D, Part VII 	<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? If "Yes," complete Schedule D, Part VIII 	<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? If "Yes," complete Schedule D, Part IX 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<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)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<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? If "Yes," complete Schedule F, Parts II and IV	<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? If "Yes," complete Schedule F, Parts III and IV	<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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	<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? If "Yes," complete Schedule G, Part III	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	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	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> 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 . . . . .	<b>38</b> 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	1a	358	1c		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c				
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	2a	3,558	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		3b	Yes	
b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a				No
b If "Yes," enter the name of the foreign country 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?		5a		5b		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b				
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		6b		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		7b		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c				
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?		7e		7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8 Sponsoring organizations maintaining donor advised funds.						
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		9a		
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12		10a		10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders		11a		11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		13a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O		13a		13b		
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		13b				
c Enter the amount of reserves on hand		13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?						
b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O		14b		14a		No

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	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?	Yes	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>10b</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?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</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?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: GA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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.  
 ▶ CAROL CREWS 705 DIXIE STREET CARROLLTON, GA 301173818 (770) 836-9580

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** (2017)

[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 ▶ 351

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
RA-LIN ASSOCIATES INC, 101 PARKWOOD CIRCLE CARROLLTON, GA 301178756	CONSTRUCTION	12,242,823
ARAMARK, 10510 TWIN LAKES PARKWAY CHARLOTTE, NC 282697658	CLINICAL ENGIN	2,688,259
SOUTHERN THERAPY SERVICES INC, 120 EAST CENTER STREET CARROLLTON, GA 301173303	THERAPY SVCS	2,660,143
JONES LANIER ELECTRIC INC, 108 PARKWOOD CIRCLE CARROLLTON, GA 301178353	CONSTRUCTION	2,331,541
MULTIPLE SCLEROSIS CENTER, 3200 DOWNWOOD CIRCLE NW ATLANTA, GA 303271610	MED SERVICES	1,616,782

Form **990** (2017)



**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	309,961			
	e Government grants (contributions)	1e	304,435			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f . . . . . ▶		614,396			
Program Service Revenue			Business Code			
	2a NET PATIENT SERVICE REVENUE		623000	262,182,040	262,182,040	
	b REFERENCE LAB		621500	671,455		671,455
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f . . . . . ▶		262,853,495			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,755,793			8,755,793
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		116,309,145	326,016		
	b Less cost or other basis and sales expenses		105,620,477	390,054		
	c Gain or (loss)		10,688,668	-64,038		
	d Net gain or (loss) . . . . . ▶		10,624,630			10,624,630
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . . . a					
	b Less direct expenses . . . . . b					
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . . . a						
b Less cost of goods sold . . . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
11a SHARED SERVICE REVENUE		621990	58,126,026	58,126,026		
b PROPERTY MANAGEMENT FEE		531310	1,656,984	1,656,984		
c CAFETERIA		722514	1,245,498			1,245,498
d All other revenue . . . . .			1,398,943	1,018,816	261,319	118,808
e Total. Add lines 11a-11d . . . . . ▶			62,427,451			
12 Total revenue. See Instructions . . . . . ▶			345,275,765	322,983,866	932,774	20,744,729

**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.	5,621,942	5,621,942		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,502,738		4,502,738	
<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).	54,896		54,896	
<b>7</b> Other salaries and wages.	100,809,403	66,502,150	34,307,253	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,297,113	3,208,920	1,088,193	
<b>9</b> Other employee benefits.	24,148,627	23,763,881	384,746	
<b>10</b> Payroll taxes.	7,205,549	5,425,455	1,780,094	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	1,244,472		1,244,472	
<b>c</b> Accounting.	250,292		250,292	
<b>d</b> Lobbying.	111,000		111,000	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	503,386		503,386	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	30,369,669	17,732,210	12,637,459	
<b>12</b> Advertising and promotion.	1,236,360	610,535	625,825	
<b>13</b> Office expenses.	35,306,519	31,065,906	4,240,613	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	5,919,289	4,835,249	1,084,040	
<b>17</b> Travel.	198,250	74,803	123,447	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	796,913	252,372	544,541	
<b>20</b> Interest.	277,132		277,132	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	25,785,815	16,769,854	9,015,961	
<b>23</b> Insurance.	2,196,445	13,390	2,183,055	
<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> MEDICAL SUPPLIES	18,828,474	18,828,474		
<b>b</b> REPAIRS AND MAINTENANCE	13,228,951	2,135,625	11,093,326	
<b>c</b> LICENSES	3,918,033	3,570,217	347,816	
<b>d</b> MISCELLANEOUS	3,023,634	616,220	2,407,414	
<b>e</b> All other expenses	1,227,466		1,227,466	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	291,062,368	201,027,203	90,035,165	0
<b>26</b> Joint costs. 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 IX ☐

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	793,009	<b>1</b>	2,063,959
	<b>2</b>	Savings and temporary cash investments . . . . .	171,375,735	<b>2</b>	149,832,370
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .	29,524,484	<b>4</b>	31,330,909
	<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 . . . . .		<b>5</b>	
	<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 . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .	2,495,687	<b>7</b>	2,728,429
	<b>8</b>	Inventories for sale or use . . . . .	4,088,712	<b>8</b>	4,744,657
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	5,842,251	<b>9</b>	6,107,539
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	386,963,364		
	<b>b</b>	Less: accumulated depreciation	204,776,002		
			167,128,122	<b>10c</b>	182,187,362
	<b>11</b>	Investments—publicly traded securities . . . . .	249,144,876	<b>11</b>	282,232,622
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	2,576,687	<b>12</b>	3,556,522
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .	24,812,610	<b>15</b>	54,940,255	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	657,782,173	<b>16</b>	719,724,624	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	38,466,104	<b>17</b>	40,236,759
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .	173,473,980	<b>20</b>	168,508,972
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<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 . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	8,466,667
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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 . . . . .	1,252,771	<b>25</b>	2,127,831
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	213,192,855	<b>26</b>	219,340,229
<b>Net Assets or Fund Balances</b>	<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 . . . . .	436,351,657	<b>27</b>	489,617,584
	<b>28</b>	Temporarily restricted net assets . . . . .	6,420,389	<b>28</b>	7,645,081
	<b>29</b>	Permanently restricted net assets . . . . .	1,817,272	<b>29</b>	3,121,730
	<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> . . . . .	444,589,318	<b>33</b>	500,384,395
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	657,782,173	<b>34</b>	719,724,624

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	345,275,765
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	291,062,368
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	54,213,397
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	444,589,318
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,517,262
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	4,098,942
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	500,384,395

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>b</b> 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	
<b>c</b> 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	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 58-1790149  
**Name:** TANNER MEDICAL CENTER INC

Form 990 (2017)

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

TANNER MEDICAL CENTER, INC PROVIDES HEALTHCARE TO THE POPULATION OF NORTHWEST GEORGIA AND EAST ALABAMA SERVICES ARE FOR BOTH INPATIENT SERVICE AND OUTPATIENT ANCILLARY SERVICES INCLUDING PHYSICIAN OFFICES AS A NOT FOR PROFIT CORPORATION, TANNER PROVIDES SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR THESE SERVICES SEE SCHEDULE O TANNER MEDICAL CENTER, INC IS A REGIONAL HEALTHCARE PROVIDER WITH MORE THAN 300 PHYSICIANS REPRESENTING 35 UNIQUE MEDICAL SPECIALTIES TANNER PROVIDES A WIDE RANGE OF COMPREHENSIVE MEDICAL SERVICES FOR RESIDENTS IN A REGION OF WEST GEORGIA AND EAST ALABAMA TANNER'S FACILITIES INCLUDE THE 180-BED ACUTE CARE TANNER MEDICAL CENTER/CARROLLTON, THE ROY RICHARDS, SR CANCER CENTER, TANNER HEART AND VASCULAR CENTER, TANNER BREAST HEALTH, THE TANNER ADVANCED WOUND CENTER, EMPLOYEE ASSISTANCE PROGRAM (TANNER EAP) AND MORE MORE INFORMATION ON TANNER MEDICAL CENTER, INC IS AVAILABLE IN THE HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT, WHICH CAN BE DOWNLOADED AT [HTTP //WWW TANNER ORG/MAIN/HEALTHLIVINGMAGAZINE ASPX](http://www.tanner.org/main/healthlivingmagazine.aspx) TANNER MEDICAL CENTER, INC IS A NOT-FOR-PROFIT HEALTHCARE SYSTEM THE MEDICAL CENTER PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES TO RESIDENTS OF WEST GEORGIA AND SURROUNDING AREAS ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA AND EMPLOYED PHYSICIANS TANNER MEDICAL CENTER, INC INCLUDES THE FOLLOWING TANNER MEDICAL CENTER/CARROLLTON, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTHCARE SERVICES THROUGH THE OPERATION OF A 180-BED ACUTE CARE HOSPITAL IN CARROLLTON, GEORGIA

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			
CHRIS ARANT MD ..... DIRECTOR -BE	1 00 ..... 40 00	X						0	1,022,158	41,717
DANIEL JACKSON ..... CHAIRMAN	1 00 .....	X		X				0	0	0
JEFFREY LINDSEY DMD ..... VICE CHAIRMA	1 00 .....	X		X				0	0	0
MARY COVINGTON ..... SECRETARY	1 00 .....	X		X				0	0	0
GELON WASDIN ..... TREASURER	1 00 .....	X		X				0	0	0
STEVE ADAMS ..... DIRECTOR	1 00 .....	X						0	0	0
ANNA BERRY ..... DIRECTOR	1 00 .....	X						0	0	0
KYLE MARRERO ..... DIRECTOR	1 00 .....	X						0	0	0
ROBERT B PITTS MD ..... PAST DIRECTO	1 00 .....	X						0	0	0
HOWARD RAY ..... DIRECTOR	1 00 .....	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			
LYNN CLARKE ..... DIRECTOR	1 00 .....	X						0	0	0
TIMOTHY WARREN ..... DIRECTOR	1 00 .....	X						0	0	0
LOY HOWARD ..... CEO	23 00 ..... 17 00			X				1,066,016	787,925	166,443
WILLIAM WATERS MD ..... CMO	23 00 ..... 17 00			X				882,175	652,043	32,310
WILLIAM HINES ..... CONTRACT CAO	10 00 ..... 30 00			X				357,626	1,072,877	0
WAYNE SENFELD ..... SR VP, BUS	23 00 ..... 17 00			X				344,553	254,669	29,537
JIM GRIFFITH ..... COO	23 00 ..... 17 00			X				305,015	225,447	30,736
CAROL CREWS ..... CFO	23 00 ..... 17 00			X				303,736	224,501	29,882
DENISE TAYLOR ..... CCH	23 00 ..... 17 00			X				212,666	157,187	14,890
BEN CAMP MD ..... VP, MEDICAL	23 00 ..... 17 00				X			268,829	198,700	31,109

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			
SUSAN FOX ..... SVP, TMG	23 00 ..... 17 00				X			220,889	163,266	21,987
DEBORAH MATTHEWS ..... CNO	23 00 ..... 17 00				X			218,454	161,466	21,301
VAUGHN CLAGETTE MD ..... PAST VP -8/1	23 00 ..... 17 00				X			111,311	82,273	20,282
RICHIE BLAND MD ..... PHYSICIAN	40 00 .....					X		850,171	0	31,024
ANNA HARRIS MD ..... PHYSICIAN	40 00 .....					X		687,090	0	30,686
TUNICIA GIRON MD ..... PHYSICIAN	40 00 .....					X		571,677	0	30,812
HANS MILLER MD ..... PHYSICIAN	40 00 .....					X		408,965	0	32,724
HESS PANJETON MD ..... PHYSICIAN	40 00 .....					X		334,335	0	20,801



<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047
		<b>2017</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> TANNER MEDICAL CENTER INC		<b>Employer identification number</b> 58-1790149

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

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 )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** 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 ☐**17a 10%-facts-and-circumstances test—2017.** 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 ☐**b 10%-facts-and-circumstances test—2016.** 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 ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						

**14 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** ► ☐

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>1</b>	
<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>2</b>	
<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>3a</b>	
<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>3b</b>	
<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>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<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 <b>Part VI</b> 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>4c</b>	
<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 <b>Part VI</b>, 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>5a</b>	
<b>b</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>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<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 I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<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>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) 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>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) 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>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<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>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 Part VI 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>		
	<b>1</b>	
<b>2</b> 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> 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 Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 Part VI 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>		
	<b>2a</b>	
<b>b</b> 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 Part VI 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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>		
	<b>3a</b>	
<b>b</b> 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>		
	<b>3b</b>	

**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 58-1790149  
Name: TANNER MEDICAL CENTER INC

**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

**2017**

**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 TANNER MEDICAL CENTER INC	Employer identification number 58-1790149
---	--

**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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

**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 <b>Form 1120-POL</b> 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-
1				
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**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **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)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		290,787
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		42,422
<b>j</b>	Total. Add lines 1c through 1i			333,209
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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
SCHEDULE C, PART II-B, LINE 1	A PORTION OF THE ANNUAL MEMBERSHIP FEES PAID TO THE GEORGIA HOSPITAL ASSOCIATION IS USED FOR LOBBYING EXPENSES TO SUPPORT AND VOICE HOSPITAL CONCERNS AT THE STATE LEVEL. IN ADDITION, TANNER PAYS AZIMUTH CONSULTING, INC. TO FACILITATE AN ONGOING RELATIONSHIP WITH MEMBERS OF THE LEGISLATIVE BODY TO SUPPORT OR OPPOSE VARIOUS LEGISLATIVE ISSUES CONCERNING THE HEALTHCARE INDUSTRY. CAPITOL RESOURCES ARE ALSO RETAINED TO HELP TANNER IN THE AREA OF PUBLIC AFFAIRS SUPPORT WITH THE STATE OF GEORGIA. IN MAY 2016, BRIAN DILL WAS HIRED AS VP, GOVERNMENT RELATIONS TO REPRESENT TANNER HEALTH SYSTEM STAY ABREAST OF LEGISLATIVE ISSUES RELATED TO HEALTHCARE.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133035839

SCHEDULE D

(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

TANNER MEDICAL CENTER INC

Employer identification number

58-1790149

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,237,661	7,228,875	6,785,533	6,336,437	5,716,582
b Contributions	3,138,455	1,905,178	1,159,187	1,340,398	1,503,783
c Net investment earnings, gains, and losses	150,463	240,311	-39,629	48,958	259,962
d Grants or scholarships	759,768	1,136,703	676,216	940,260	1,143,890
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,766,811	8,237,661	7,228,875	6,785,533	6,336,437

2

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

a

Board designated or quasi-endowment

28 990 %

b

Permanent endowment

71 010 %

c

Temporarily restricted endowment

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		13,183,063		13,183,063
b Buildings		209,709,233	104,570,037	105,139,196
c Leasehold improvements		2,282,841	2,005,852	276,989
d Equipment		142,596,427	98,200,113	44,396,314
e Other		19,191,800		19,191,800
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				182,187,362

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	35,357,143
(2) BENEFICIAL INTEREST IN FOUNDATION	12,753,591
(3) OTHER RECEIVABLES	3,683,269
(4) INSURANCE RECEIVABLE	2,078,683
(5) BOND ISSUE COSTS	1,067,569
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	54,940,255

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO THIRD PARTIES	2,127,831
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	2,127,831

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**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:** 58-1790149  
**Name:** TANNER MEDICAL CENTER INC

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS HELP SUPPORT HEALTH CARE SERVICES INCLUDING MAMMOGRAMS FOR THE INDIGENT, C ANCER PATIENT ASSISTANCE, CAPITAL IMPROVEMENTS, EDUCATION AND SCHOLARSHIPS, HOSPICE CARE, CARDIOLOGY ASSISTANCE, AND CHILDREN'S ASSISTANCE

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	<p>THE MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION THAT HAS BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE MEDICAL CENTER APPLIES ACCOUNTING POLICIES THAT PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE MEDICAL CENTER ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES. BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING BALANCE SHEET FOR UNRECOGNIZED INCOME TAX POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF JUNE 30, 2018 AND 2017 OR FOR THE YEARS THEN ENDED. THE MEDICAL CENTER'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES. FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS. TANNER MEDICAL GROUP IS PART OF A TAX-EXEMPT ORGANIZATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE AFFILIATED BUSINESS SERVICES PROVIDED ARE, HOWEVER, SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND A FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN IS FILED FOR THESE SERVICES.</p>

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

2017

Open to Public Inspection

Name of the organization  
TANNER MEDICAL CENTER INC

Employer identification number  
58-1790149

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 checked="" 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
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 Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a 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)			6,331,087		6,331,087	2 180 %
b Medicaid (from Worksheet 3, column a)			34,669,107	26,708,294	7,960,813	2 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			41,000,194	26,708,294	14,291,900	4 910 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,533,219	251,701	1,281,518	0 440 %
f Health professions education (from Worksheet 5)			53,504		53,504	0 020 %
g Subsidized health services (from Worksheet 6)			233,760		233,760	0 080 %
h Research (from Worksheet 7)			89,526		89,526	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			567,705		567,705	0 200 %
j Total. Other Benefits			2,477,714	251,701	2,226,013	0 760 %
k Total. Add lines 7d and 7j			43,477,908	26,959,995	16,517,913	5 680 %

**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
<b>1</b> Physical improvements and housing			1,000		1,000	
<b>2</b> Economic development			66,137		66,137	0.020 %
<b>3</b> Community support			10,385		10,385	
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members			700		700	
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			1,600		1,600	
<b>8</b> Workforce development			93,625		93,625	0.030 %
<b>9</b> Other						
<b>10 Total</b>			173,447		173,447	0.060 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	39,011,325	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	52,787,489
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	59,520,500
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-6,733,011
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b> WEST GEORGIA ENDOS	GASTROENTEROLOGY	51.000 %		49.000 %
<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>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)  
TANNER MEDICAL CENTER 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 (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW TANNER ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW TANNER ORG</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	No
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

TANNER MEDICAL CENTER INC

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> 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 <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>350 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input type="checkbox"/> Insurance status			
<b>f</b> <input 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 checked="" 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> Was widely publicized 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) <u>WWW TANNER ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW TANNER ORG</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW TANNER ORG</u>			
<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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

TANNER MEDICAL CENTER INC

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

	Yes	No
<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 nonpayment? . . . . .	<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		



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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

TANNER MEDICAL CENTER INC

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

**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

**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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	COSTS FOR PART I, LINES 7A AND 7B WERE CALCULATED USING THE COST-TO-CHARGE RATIO AS CALCULATED USING WORKSHEET 2 FROM THE IRS SCHEDULE H INSTRUCTIONS OTHER COSTS WERE OBTAINED FROM THE ORGANIZATION'S ACCOUNTING RECORDS WHICH UTILIZES THE CBISA COST ACCOUNTING SOFTWARE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	<p>AT TANNER, EFFORTS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES GO BEYOND PROVIDING HEALTH SERVICES. TANNER TAKES A PROACTIVE APPROACH TO ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND THE UNDERLYING ROOT CAUSES OF POOR HEALTH, SUPPORTING THE WORLD HEALTH ORGANIZATION'S DEFINITION OF HEALTH AS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY. TANNER PROVIDES A VARIETY OF COMMUNITY-BUILDING ACTIVITIES TO STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH OF WELL-BEING OF ITS RESIDENTS. REPRESENTING SOME OF THE LARGEST EMPLOYERS IN THEIR COMMUNITIES, TANNER'S HOSPITALS ACTIVELY PARTICIPATE IN AND CONTRIBUTE TO LOCAL CHAMBERS OF COMMERCE AND CIVIC ORGANIZATIONS AIMED AT ENSURING THE ECONOMIC DEVELOPMENT, GROWTH AND STABILITY OF THEIR LOCAL COMMUNITIES. TANNER PARTICIPATES IN AND SUPPORTS YOUTH PROGRAMS THAT FOCUS ON ACTIVITIES TO DEVELOP LEADERSHIP SKILLS, ENHANCE ACADEMIC SUCCESS, IMPROVE HEALTH, CULTIVATE COMMUNITY RESPONSIBILITY AND OFFER CAREER EXPLORATION OPPORTUNITIES. TANNER ACTIVELY ENGAGES IN HEALTH CAREER MENTORING PROGRAMS, SUCH AS THE TANNER CONNECTIONS, TEENS IN ACTION, AND TANNER TEEN INSTITUTE PROGRAMS, A PARTNERSHIP BETWEEN TANNER AND LOCAL HIGH SCHOOLS THAT PROVIDE UNPAID INTERNSHIP OPPORTUNITIES THAT GIVE AREA STUDENTS A LOOK INSIDE HEALTHCARE CAREERS AND THE IMPORTANCE OF LIVING A HEALTHY LIFESTYLE, WHILE EARNING HIGH SCHOOL COURSE CREDIT THROUGH PARTNERSHIPS SUCH AS KEEP CARROLL BEAUTIFUL, THERE ARE ONGOING EFFORTS BY TANNER TO REDUCE COMMUNITY ENVIRONMENTAL HAZARDS IN THE AIR, WATER AND GROUND, AS WELL AS THE SAFE REMOVAL OF OTHER TOXIC WASTE PRODUCTS. TANNER PROVIDES SUPPORT TO SEVERAL LOCAL ADVOCACY ORGANIZATIONS THAT PROMOTE THE COMMUNITY'S HEALTH AND SAFETY. TANNER ACTIVELY AND CONTINUALLY PREPARES FOR EMERGENCIES, UTILITY FAILURES, NATURAL DISASTERS AND OTHER POTENTIAL DISRUPTIONS, WORKING CLOSELY WITH FEDERAL, STATE AND LOCAL GOVERNMENTS, AREA BUSINESS CONSORTIUMS, COMMUNITY LEADERS AND PUBLIC SAFETY AGENCIES TO ENSURE EFFECTIVE COMMUNITY-WIDE RESPONSES TO UNPLANNED EVENTS. TO ADDRESS THE HEALTHCARE WORKFORCE SHORTAGE, TANNER CONTINUES TO FOSTER ITS ESTABLISHED, STRONG PARTNERSHIPS WITH LOCAL COMMUNITY COLLEGES AND UNIVERSITIES, INCLUDING THE UNIVERSITY OF WEST GEORGIA AND WEST GEORGIA TECHNICAL COLLEGE. THE UNIVERSITY OF WEST GEORGIA'S NURSING PROGRAM, WHICH IS NAMED THE TANNER HEALTH SYSTEM SCHOOL OF NURSING, IS USING AN INVESTMENT FROM TANNER TO ENHANCE ITS FACILITIES WHILE OFFERING SCHOLARSHIP AND EDUCATIONAL OPPORTUNITIES FOR THOSE IN WEST GEORGIA AND EAST ALABAMA INTERESTED IN A CAREER IN NURSING.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	AMOUNTS INCLUDED ON PART III LINE 2 REPRESENT THE AMOUNT OF CHARGES CONSIDERED UNCOLLECTIBLE AFTER REASONABLE ATTEMPTS TO COLLECT, AND WRITTEN OFF TO BAD DEBT EXPENSE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE PAGES 12-13 ON THE ACCOMPANYING AUDITED FINANCIAL STATEMENTS FOR THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE DISCLOSURE

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	MEDICARE ALLOWABLE COSTS ARE COMPUTED IN ACCORDANCE WITH COST REPORTING METHODOLOGIES UTILIZED ON THE MEDICARE COST REPORT AND IN ACCORDANCE WITH RELATED REGULATIONS INDIRECT COSTS ARE ALLOCATED TO DIRECT SERVICE AREAS USING THE MOST APPROPRIATE STATISTICAL BASIS



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	PATIENTS THAT QUALIFY FOR A CHARITY WRITE OFF ARE ONLY HELD RESPONSIBLE FOR THE PORTION REMAINING AFTER WRITE OFF PATIENTS THAT QUALIFY AS INDIGENT RECEIVE A 100% WRITE OFF AND ARE NOT RESPONSIBLE FOR ANY PORTION OF THEIR BILL PATIENTS APPROVED FOR FINANCIAL ASSISTANCE RECEIVE A LETTER OF NOTIFICATION AND WALLET CARD THAT IS GOOD FOR ONE YEAR FROM THE DETERMINATION DATE INTEREST FREE INSTALLMENT PLANS ARE AVAILABLE TO ALL PATIENTS AND PAYMENT AMOUNTS ARE DETERMINED BY THE PATIENT'S ABILITY TO PAY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>ALL OF TANNER MEDICAL CENTER, INC 'S TAX EXEMPT HOSPITALS ASSESS THE HEALTHCARE NEEDS OF THEIR RESPECTIVE COMMUNITIES ONCE EVERY THREE YEARS TANNER'S CHNA IS AN ORGANIZED, FORMAL AND SYSTEMATIC APPROACH TO IDENTIFY AND ADDRESS THE NEEDS OF UNDERSERVED COMMUNITIES ACROSS TANNER'S GEOGRAPHIC FOOTPRINT THE CHNA GUIDES THE DEVELOPMENT AND IMPLEMENTATION OF A COMPREHENSIVE PLAN TO IMPROVE HEALTH OUTCOMES FOR THOSE DISPROPORTIONATELY AFFECTED BY DISEASE THIS CHNA ALSO INFORMS THE CREATION OF AN IMPLEMENTATION STRATEGY FOR FUTURE COMMUNITY HEALTH PROGRAMMING, AND COMMUNITY BENEFIT RESOURCE ALLOCATION ACROSS TANNER'S HOSPITALS AS A NONPROFIT ORGANIZATION, TANNER'S CHNAS ALIGN WITH GUIDELINES ESTABLISHED BY THE AFFORDABLE CARE ACT AND COMPLY WITH INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS IN FY 2016, TANNER MEDICAL CENTER, INC 'S TWO ACUTE CARE HOSPITALS - TANNER MEDICAL CENTER/CARROLLTON AND TANNER MEDICAL CENTER/VILLA RICA - AND TANNER'S CRITICAL ACCESS HOSPITAL, HIGGINS GENERAL HOSPITAL IN BREMEN, EACH COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO FURTHER IDENTIFY THE HEALTH NEEDS OF THEIR COMMUNITIES AND DEVELOPED AN IMPLEMENTATION STRATEGY RESPONDING TO APPROPRIATE POPULATION SUB GROUPS AND HEALTH CONDITIONS FOR IMPROVED COMMUNITY HEALTH THESE COMPREHENSIVE, MULTIFACTOR ASSESSMENTS INCLUDED THE COLLECTION AND ANALYSIS OF QUANTITATIVE DATA, AS WELL AS QUALITATIVE INPUT DIRECTLY FROM RESIDENTS GATHERED THROUGH COMMUNITY SURVEYS, INTERVIEWS, COMMUNITY LISTENING SESSIONS AND FOCUS GROUPS THROUGH THE CHNA PROCESS, TANNER HAS IDENTIFIED THE GREATEST HEALTH NEEDS AMONG EACH OF ITS HOSPITAL'S COMMUNITIES, ENABLING TANNER TO ENSURE ITS RESOURCES ARE APPROPRIATELY DIRECTED TOWARD OUTREACH, PREVENTION, EDUCATION AND WELLNESS OPPORTUNITIES WHERE THE GREATEST IMPACT CAN BE REALIZED IN SELECTING PRIORITIES, TANNER CONSIDERED THE DEGREE OF COMMUNITY NEED FOR ADDITIONAL RESOURCES, THE CAPACITY OF OTHER AGENCIES TO MEET THE NEED AND THE SUITABILITY OF TANNER'S EXPERTISE TO ADDRESS THE ISSUE IN PARTICULAR, TANNER LOOKED FOR HEALTH NEEDS THAT REQUIRE A COORDINATED RESPONSE ACROSS A RANGE OF HEALTHCARE AND COMMUNITY SECTORS RESPONDING TO KEY CHNA FINDINGS, THE PRIORITY AREAS TO BE ADDRESSED DURING FISCAL YEARS 2017-2019 BY TANNER MEDICAL CENTER, INC INCLUDE (1) ACCESS TO CARE, (2) CHRONIC DISEASE PREVENTION AND MANAGEMENT-WITH A FOCUS ON OBESITY, HEART DISEASE, DIABETES AND CANCER, (3) BEHAVIORAL HEALTH, AND (4) HEALTH EDUCATION AND LITERACY</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>TMC PATIENTS ARE PROVIDED WITH INFORMATION PERTAINING TO THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM AT THE TIME OF REGISTRATION AND ON THE ORGANIZATION'S WEBSITE ANY SELF-PAY OR UNDER-INSURED PATIENTS MUST MEET CRITERIA FOR INDIGENT CARE IN ORDER TO HAVE THE COST OF THEIR CARE WRITTEN OFF BY TMC PATIENTS ARE INTERVIEWED AND FINANCIAL STATEMENTS ARE PREPARED PATIENTS WHO MEET THE CRITERIA FOR MEDICAID ELIGIBILITY ARE REFERRED TO AN OUTSIDE VENDOR FOR ASSISTANCE A PATIENT WITH FAMILY INCOME UP TO 250% OF THE FEDERAL POVERTY GUIDELINES (FPG) BASED ON FAMILY SIZE RECEIVES A 100% DISCOUNT FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH LARGE, MEDICALLY NECESSARY MEDICAL BILLS, WHICH HAVE CREATED A FINANCIAL HARDSHIP, ARE CONSIDERED FOR A SLIDING SCALE DISCOUNT THE LOWER THE PATIENT'S DISCRETIONARY INCOME AND THE HIGHER THE HEALTHCARE BILLS ALLOWS FOR MORE CHARITY ALLOWANCE PATIENTS WHOSE FAMILY INCOME EXCEEDS 3 5 TIMES THE APPLICABLE FPG MAY ALSO QUALIFY FOR SLIDING SCALE DISCOUNTS ON MEDICALLY NECESSARY SERVICES</p> <p>TRANSLATION ASSISTANCE IS PROVIDED FOR PATIENTS AS NEEDED FINANCIAL ASSISTANCE POLICY INFORMATION IS AVAILABLE FREE OF CHARGE IN PAPER AND ELECTRONIC FORM IN THE FOLLOWING AREAS 1) POSTED ON HOSPITAL WALLS IN REGISTRATION AREAS FOR PATIENTS, FAMILY AND VISITORS, 2) PRINTED IN FLYERS AVAILABLE AT THE REGISTRATION DESKS FOR PATIENTS AND FAMILIES, 3) PRINTED ON FLYERS AND POSTED ON WALLS MOUNTS THROUGHOUT THE HOSPITAL, 4) MAILED TO PATIENTS WITH STATEMENTS, 5) COMMUNICATED TO PATIENTS DURING PHONE CALLS, 6) PRINTED FLYERS AVAILABLE AT LOCAL PHYSICIAN OFFICES, 7) PRINTED FLYERS PROVIDED TO LOCAL ADVOCACY GROUPS/AGENCIES SUCH AS ALICE'S HOUSE, DFACS, HEALTH DEPARTMENTS, 8) PRINTED IN LOCAL NEWSPAPER ANNUALLY FOR THE COMMUNITY, 9) PROVIDED TO LOCATION PHYSICIAN OFFICE MANAGEMENT MEETINGS ANNUALLY, 10) POSTED ON TMC'S WEBSITE AT WWW TANNER ORG</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>TANNER MEDICAL CENTER, INC. DELIVERS CARE TO DIVERSE COMMUNITIES ACROSS WEST GEORGIA FOLLOWING IS A SUMMARY AND DEMOGRAPHICS OF THE COMMUNITIES SERVED BY TANNER TANNER HOSPITALS DEFINE THE COMMUNITY AS THE GEOGRAPHIC AREA SERVED BY THE HOSPITAL, CONSIDERING ITS PRIMARY SERVICE AREA THE PRIMARY SERVICE AREA FOR ALL THREE OF TANNER'S HOSPITALS - TANNER MEDICAL CENTER/CARROLLTON, TANNER MEDICAL CENTER/VILLA RICA AND HIGGINS GENERAL HOSPITAL IN BREMEN - INCLUDES THE GEOGRAPHIC AREAS OF CARROLL, HARALSON AND HEARD COUNTIES, COVERING 1,077 SQUARE MILES OF PREDOMINANTLY RURAL AREA (53 PERCENT RURAL) WITH A TOTAL POPULATION OF 151,141 (U S CENSUS BUREAU, 2010) CARROLL, HARALSON AND HEARD COUNTIES CONSIST OF A MIXTURE OF RURAL AND SUBURBAN COMMUNITIES WHOSE HEALTH NEEDS ARE MET BY A MIXTURE OF HOSPITAL SYSTEMS, PRIVATE PRACTICES, RURAL HEALTH CLINICS, INDIGENT CLINICS AND OTHER SOCIAL SERVICES THE CLOSE PROXIMITY OF TANNER'S ACUTE CARE HOSPITALS (WITHIN A 12 - 20 MILE RADIUS OF EACH OTHER) - TANNER MEDICAL CENTER/CARROLLTON AND TANNER MEDICAL CENTER/VILLA RICA - AND THE CRITICAL ACCESS HOSPITAL, HIGGINS GENERAL HOSPITAL, PROVIDE WEST GEORGIA RESIDENTS MULTIPLE ACCESS POINTS FOR A VARIETY OF HEALTHCARE RELATED SERVICES THESE FACILITIES WORK COLLABORATIVELY TO LEVERAGE EXISTING ASSETS AND RESOURCES THROUGHOUT TANNER'S OVERALL PRIMARY SERVICE AREA OF CARROLL, HARALSON AND HEARD COUNTIES AND IN TANNER'S SECONDARY SERVICE AREA OF DOUGLAS, PAULDING, POLK, CLEBURNE (ALA ) AND RANDOLPH (ALA ) COUNTIES TO BEST MEET THE HEALTH NEEDS OF THEIR COMMUNITIES DEMOGRAPHICS (DATA GATHERED FROM 2018 COUNTY HEALTH RANKINGS AND THE US CENSUS BUREAU, 2017 ESTIMATES) OF CARROLL COUNTY (DESIGNATED AS A MEDICALLY UNDERSERVED AREA, WITH A COMMUNITY SERVED BY TANNER MEDICAL CENTER/CARROLLTON AND TANNER MEDICAL CENTER/VILLA RICA) POPULATION 117,812, DIVERSITY 70 7 PERCENT CAUCASIAN, 19 6 PERCENT AFRICAN-AMERICAN, 7 0 PERCENT HISPANIC, 2 7 PERCENT OTHER, AVERAGE INCOME 45,486, UNINSURED 16 PERCENT, UNEMPLOYMENT 6 PERCENT, BELOW POVERTY LEVEL 14 9 PERCENT DEMOGRAPHICS OF HARALSON COUNTY (DESIGNATED AS A PARTIAL MEDICALLY UNDERSERVED AREA, COMMUNITY SERVED BY HIGGINS GENERAL HOSPITAL) POPULATION 29,256, DIVERSITY 91 1 PERCENT CAUCASIAN, 4 8 PERCENT AFRICAN-AMERICAN, 1 7 PERCENT HISPANIC, 2 4 PERCENT OTHER, AVERAGE INCOME 42,281, UNINSURED 15 PERCENT, UNEMPLOYMENT 5 8 PERCENT, BELOW POVERTY LEVEL 18 5 PERCENT DEMOGRAPHICS OF HEARD COUNTY (DESIGNATED AS A MEDICALLY UNDERSERVED AREA, COMMUNITY SERVED BY TANNER MEDICAL CENTER/CARROLLTON) POPULATION 11,730, DIVERSITY 84 8 PERCENT CAUCASIAN, 10 1 PERCENT AFRICAN-AMERICAN, 2 7 PERCENT HISPANIC, 2 4 PERCENT OTHER, AVERAGE INCOME 44,185, UNINSURED 15 PERCENT, UNEMPLOYMENT 5 9 PERCENT, BELOW POVERTY LEVEL 19 7 PERCENT</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>AS A NONPROFIT ORGANIZATION, TMC IS DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES. TMC REINVESTS ALL OF ITS SURPLUS FUNDS FROM ITS OPERATING AND INVESTMENT ACTIVITIES TO IMPROVE ACCESS TO CARE, EXPAND AND REPLACE EXISTING FACILITIES AND EQUIPMENT, INVEST IN TECHNOLOGICAL ADVANCEMENTS, SUPPORT COMMUNITY HEALTH PROGRAMS AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH. MEDICAL STAFF PRIVILEGES ARE OPEN TO PHYSICIANS WHOSE EXPERIENCE AND TRAINING ARE VERIFIED THROUGH A CREDENTIALING PROCESS. THE PROCESS GATHERS AND VERIFIES CREDENTIALS, ALLOWS THE MEDICAL STAFF TO EVALUATE APPLICANT'S QUALIFICATIONS, PREVIOUS EXPERIENCE AND COMPETENCE, AND TO ULTIMATELY MAKE A DECISION TO GRANT OR DENY MEDICAL STAFF PRIVILEGES TO THE BENEFIT OF THE COMMUNITY. TMC IS GOVERNED BY A BOARD OF DIRECTORS, THE MAJORITY OF WHICH IS COMPRISED OF PERSONS WHO RESIDE THROUGHOUT TANNER'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION (NOR FAMILY MEMBERS THEREOF). THE BOARD IS RESPONSIBLE FOR ENSURING THAT THE HEALTH SYSTEM DEVELOPS PROGRAMS TO ADDRESS THE DISPROPORTIONATE UNMET HEALTH-RELATED NEEDS OF THE COMMUNITIES IT SERVES, ALONG WITH ENSURING THE DEVELOPMENT OF COMMUNITY BENEFIT INITIATIVES TO PROMOTE THE BROAD HEALTH OF THE COMMUNITY. THE BOARD ALSO ESTABLISHES KEY MEASURES OF SYSTEM-WIDE COMMUNITY BENEFIT PERFORMANCE AND RECEIVES REGULAR REPORTS ON PROGRESS TOWARD ESTABLISHED GOALS. IN FULFILLING THESE RESPONSIBILITIES, IN FISCAL YEAR 2014 THE BOARD DESIGNATED A COMMUNITY BENEFIT COMMITTEE THAT INCLUDES AT LEAST THREE BOARD MEMBERS, WITH A MAJORITY REPRESENTATION FROM A RANGE OF COMMUNITY STAKEHOLDERS WHO HAVE EXPERTISE IN AREAS SUCH AS THE CHARACTERISTICS AND HISTORY OF LOCAL COMMUNITIES WITH DISPROPORTIONATE UNMET HEALTH-RELATED NEEDS, CLINICAL SERVICE DELIVERY, ANALYSIS OF SERVICE UTILIZATION AND POPULATION HEALTH DATA, PRIMARY PREVENTIVE HEALTH INITIATIVES, SOCIAL SERVICES, YOUTH AND FAMILY SERVICES, FINANCE AND ACCOUNTING. THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD PARTICIPATES IN THE PROCESS OF ESTABLISHING PROGRAM PRIORITIES BASED ON COMMUNITY NEEDS AND ASSETS, DEVELOPING THE HOSPITALS COMMUNITY BENEFIT IMPLEMENTATION STRATEGY AND MONITORING PROGRESS TOWARD IDENTIFIED GOALS. TANNER IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED OR UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, AND OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATIONS. CONSISTENT WITH ITS MISSION TO PROVIDE QUALITY HEALTH CARE TO ALL CITIZENS, TANNER STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTHCARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE. DURING FISCAL YEAR 2018, TANNER MEDICAL CENTER, INC. PROVIDED MORE THAN 4.1 MILLION IN CHARITY AND INDIGENT CARE (AT COST) AND A RANGE OF DIVERSE PROGRAMS DESIGNED TO ENHANCE ACCESS AND PROMOTE THE HEALTH OF THE COMMUNITY. TANNER ALSO WORKS CLOSELY WITH AND PROVIDES FINANCIAL SUPPORT TO TWO COMMUNITY-BASED INDIGENT CLINICS, THE RAPHA CLINIC AND LATINOS UNITED CARROLL COUNTY CLINIC, TO PROVIDE LOW-COST AND FREE MEDICAL SERVICES TO AREA RESIDENTS WHO OTHERWISE COULD NOT AFFORD CARE. THE NUMBER OF MEDICAL PROVIDERS AVAILABLE IN A COMMUNITY HAS A DIRECT IMPACT ON THAT COMMUNITY'S ABILITY TO ACCESS CARE. TANNER'S PRIMARY SERVICE AREA OF CARROLL, HARALSON AND HEARD COUNTIES ARE ALL DESIGNATED AS MEDICALLY UNDERSERVED AREAS AND HEALTH PROFESSIONAL SHORTAGE AREAS. TO COMBAT THIS PROBLEM AND IMPROVE ACCESS TO MEDICAL CARE IN THE REGION, TANNER CONTINUED ITS WORK TO RECRUIT MORE PHYSICIANS TO PRACTICE IN THE AREA, ENABLING PATIENTS TO CHOOSE FROM A GREATER NUMBER OF PROVIDERS IN AN EXPANDED FIELD OF SPECIALTIES. DURING FISCAL YEAR 2018, TANNER WELCOMED 12 NEW PHYSICIANS AND 8 ADVANCED PRACTICE PROVIDERS TO ITS MEDICAL STAFF. TANNER ALSO PROVIDED "FUTURE OF HEALTH CARE" SCHOLARSHIPS TO STUDENTS FROM ACROSS THE REGION THAT ARE ENROLLED IN MEDICAL SCHOOL OR ADVANCED PRACTICE PROVIDER PROGRAMS, AND ALSO OFFERED CLINICAL EDUCATIONAL OPPORTUNITIES FOR NURSING STUDENTS AT THE UNIVERSITY OF WEST GEORGIA AND WEST GEORGIA TECHNICAL COLLEGE THROUGHOUT THE HEALTH SYSTEM'S HOSPITALS AND CLINICS. TANNER HAS A LONG-STANDING COMMITMENT TOWARD ADVANCING COMMUNITY HEALTH AND SUCCESSFULLY DEVELOPING AND IMPLEMENTING POPULATION HEALTH APPROACHES TO BEST MEET THE NEEDS OF THE COMMUNITIES IT SERVES, EMPLOYING A VARIETY OF STRATEGIES AIMED AT THE DETECTION, EARLY DETECTION AND MINIMIZATION OR CESSATION OF DISEASE AT THE POPULATION LEVEL. RECOGNIZING THAT MOST OF THE SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH EXIST OUTSIDE THE SPHERE OF INFLUENCE OF THE HEALTH SECTOR, TANNER REACHED OUT TO MUTUALLY SUPPORTIVE EFFORTS TO OBTAIN A COMPREHENSIVE UNDERSTANDING OF THE POLICIES, ENVIRONMENTS AND INFRASTRUCTURE IN THE REGION TO EFFECTIVELY ADDRESS IDENTIFIED BARRIERS TO HEALTH. WITH THIS INFORMATION, TANNER ESTABLISHED GET HEALTHY, LIVE WELL IN 2</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>012, A MULTI SECTOR COALITION (WITH 24 TASK FORCES CONSISTING OF MORE THAN 550 COMMUNITY VOLUNTEERS AND MORE THAN 160 LOCAL, STATE AND NATIONAL PARTNERS) THAT IS ENGAGING PEOPLE, IDEAS AND RESOURCES ACROSS MULTIPLE SETTINGS (COMMUNITY, EARLY CHILDCARE, FAITH BASED, HEALTHCARE, SCHOOL AND WORK SITE) TO DEVELOP AND IMPLEMENT A VARIETY OF EVIDENCE BASED INTERVENTIONS TO REDUCE CHRONIC DISEASE RISKS FOR THE 151,000 RESIDENTS OF CARROLL, HARALSON AND HEARD COUNTIES BY DECREASING HEALTH DISPARITIES, REDUCING OBESITY RATES, ELIMINATING TOBACCO USE, INCREASING PHYSICAL ACTIVITY AND IMPROVING NUTRITION. TASK FORCE MEMBERSHIPS INCLUDE REPRESENTATIVES FROM COUNTY AND CITY GOVERNMENTS, PARKS AND RECREATION DEPARTMENTS, SCHOOL BOARDS AND SCHOOLS, COLLEGES AND UNIVERSITIES, RESTAURANTS, BOYS AND GIRLS CLUBS, CONVENIENCE STORES, FARMERS AND FARMERS' MARKETS, CIVIC GROUPS, FAITH BASED INSTITUTIONS, CHAMBERS OF COMMERCE, BUSINESS AND INDUSTRY, SOCIAL SERVICE AGENCIES, STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, RURAL HEALTH CLINICS, PRIVATE HEALTH CARE PROVIDERS AND MORE. TO SOLIDIFY THESE EFFORTS, TANNER ESTABLISHED A NEW COMMUNITY BENEFIT DEPARTMENT WITH A STAFF OF DEDICATED PROFESSIONALS WHO ARE WORKING WITH GET HEALTHY, LIVE WELL'S NETWORK OF ESTABLISHED TASK FORCES AND VOLUNTEERS TO IDENTIFY ONGOING NEEDS AND DEVELOP SERVICES TO REACH THE TOTAL POPULATION. IN JUST SIX YEARS SINCE ITS ESTABLISHMENT, THE TANNER LED GET HEALTHY, LIVE WELL COALITION IS MAKING SIGNIFICANT GAINS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES TANNER SERVES. THE TANNER LED GET HEALTHY, LIVE WELL COALITION'S EFFORTS HAVE RECEIVED MULTIPLE ACCOLADES FOR EFFECTIVELY ADDRESSING PUBLIC HEALTH CHALLENGES THROUGH COLLABORATIVE EFFORTS, INCLUDING BEING NAMED A PARTNER UP FOR PUBLIC HEALTH HERO BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH IN 2013, ALONG WITH RECEIVING THE GEORGIA HOSPITAL ASSOCIATION'S COMMUNITY LEADERSHIP AWARD IN JULY 2014, THE GEORGIA ALLIANCE OF COMMUNITY HOSPITALS' LARGE HOSPITAL OF THE YEAR AWARD IN OCTOBER 2014, THE LEADERSHIP CHALLENGE AWARD IN AUGUST 2015 BY THE NATIONAL CENTER FOR HEALTHCARE LEADERSHIP, THE AMERICAN HOSPITAL ASSOCIATION'S NOV AWARD IN JULY 2016, AND A HEALTHY GEORGIA COMMUNITY INNOVATION AWARD IN OCTOBER 2016 BY THE GEORGIA DEPARTMENT OF PUBLIC HEALTH, AND A FINALIST FOR THE INTERNATIONAL HOSPITAL FEDERATIONS EXCELLENCE AWARD FOR CORPORATE SOCIAL RESPONSIBILITY IN AUGUST 2017 AND A FINALIST FOR THE INTERNATIONAL HOSPITAL FEDERATIONS EXCELLENCE AWARD FOR CORPORATE SOCIAL RESPONSIBILITY IN AUGUST 2017. DURING FISCAL YEAR 2018, MORE THAN MORE THAN 9,000 INDIVIDUALS ATTENDED A GET HEALTHY, LIVE WELL OR OTHER COMMUNITY-BASED EDUCATIONAL EVENT (IE, ADVANCING YOUR HEALTH EDUCATION SERIES) FOCUSED ON A WIDE RANGE OF SUBJECTS TO LEARN MORE ABOUT THEIR HEALTH AND HOW TO LIVE WELL. MORE HEALTH EDUCATION WAS PROVIDED THROUGH TANNER'S SPONSORSHIP OF THE COMMUNITY VOICE RADIO PROGRAM, WHICH FEATURED A NUMBER OF PHYSICIANS AND HEALTH PROFESSIONALS DISCUSSING AND TAKING CALLS ON A WIDE RANGE OF SUBJECTS. TANNER ALSO HOSTED BLOOD DRIVES AT EACH OF ITS HOSPITALS, IN WHICH 894 UNITS OF BLOOD WERE DONATED THROUGHOUT THE FISCAL YEAR. TANNER PROVIDED AND/OR SPONSORED SEVERAL SUPPORT GROUPS ON A WIDE RANGE OF DISEASES/TOPICS, INCLUDING BREAST CANCER, CANCER, DIABETES AND GRIEF, IN WHICH MORE THAN 700 PEOPLE ATTENDED DURING THE YEAR. TANNER PROVIDES FUNDING FOR A 24 HOUR INFORMATION HOTLINE, PROVIDED FREE TO CALLERS. THE HOTLINE - 770 214 2273 - PROVIDES CALLERS WITH INFORMATION ON PHYSICIANS AND SPECIALISTS, AND PROVIDES REFERRALS TO MEDICAL STAFF BASED ON A CALLER'S NEEDS, LOCATION AND INSURANCE INFORMATION. THE LINE ALSO PROVIDES CALLERS WITH INFORMATION ON A WIDE RANGE OF FREE HEALTH EDUCATION CLASSES AND HEALTH SCREENINGS PROVIDED BY TANNER, AND ALLOWS CALLERS TO REGISTER FOR CLASSES AND EVENTS OVER THE PHONE. IN ADDITION TO THE 24 HOUR HOTLINE, TANNER PROVIDES A WEB SITE, WWW.TANNER.ORG, WITH A VARIETY OF EDUCATIONAL HEALTH INFORMATION THAT</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	TANNER MEDICAL CENTER, INC PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES TO RESIDENTS OF WEST GEORGIA AND SURROUNDING AREAS TANNER MEDICAL CENTER, INC IS PART OF AN AFFILIATED HEALTH CARE SYSTEM WHICH INCLUDES THE FOLLOWING TANNER MEDICAL CENTER/CARROLLTON, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES THROUGH THE OPERATION OF A 181-BED ACUTE CARE HOSPITAL IN CARROLLTON, GEORGIA TANNER MEDICAL CENTER/VILLA RICA, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES THROUGH THE OPERATION OF A 40-BED ACUTE CARE HOSPITAL AND WILLOWBROOK AT TANNER/VILLA RICA, A 92-BED PSYCHIATRIC FACILITY IN VILLA RICA, GEORGIA TANNER MEDICAL CENTER/HIGGINS GENERAL HOSPITAL, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES THROUGH THE OPERATION OF A 25-BED CRITICAL ACCESS HOSPITAL IN BREMEN, GEORGIA TANNER MEDICAL GROUP, ESTABLISHED TO OPERATE PHYSICIAN PRACTICES IN WEST GEORGIA AND EASTERN ALABAMA TANNER MEDICAL CENTER/EAST ALABAMA, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES THROUGH THE OPERATION OF A 15-BED ACUTE CARE HOSPITAL IN WEDOWEE, ALABAMA TANNER MEDICAL CENTER, INC IS RESPONSIBLE FOR ALLOCATING RESOURCES AND FOR APPROVING BUDGETS, MAJOR CONTRACTS AND DEBT FINANCING FOR ALL ENTITIES

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	GEORGIA



**Schedule H (Form 990) 2017**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1790149  
**Name:** TANNER MEDICAL CENTER INC

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	TANNER MEDICAL CENTER INC 705 DIXIE STREET CARROLLTON, GA 301173818 WWW.TANNER.ORG 022-426	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 3E	THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IS IDENTIFIED AND THE METHODOLOGY FOR PRIORITIZING EACH NEED IS DESCRIBED ON PAGE 95 OF THE 2016 CHNA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 5	TMC'S 2016 CHNA INCORPORATES DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH-COMMUNITY SURVEYS WITH 1,011 TOTAL RESPONDENTS AND A SUB-SET CANCER PATIENT SURVEY WITH 103 RESPONDENTS-AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA) THESE QUANTITATIVE COMPONENTS ALLOW FOR COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH FOUR COMMUNITY FOCUS GROUPS (CARROLL COUNTY, HARALSON COUNTY, HEARD COUNTY AND VILLA RICA) HELD IN MARCH 2016 AND APRIL 2016 THAT GATHERED INPUT FROM A TOTAL OF 34 AREA COMMUNITY LEADERS A COMMUNITY LISTENING SESSION WAS ALSO HELD IN MARCH 2016 THAT GATHERED INPUT FROM 91 AREA RESIDENTS TANNER PARTNERED WITH THE GEORGIA HEALTH POLICY CENTER AT GEORGIA STATE UNIVERSITY TO CONDUCT THE COMMUNITY FOCUS GROUPS AND COMMUNITY LISTENING SESSION THIS DATA WAS USED TO DIVERSIFY THE TYPES OF INFORMATION GATHERED AND TO ENGAGE A DIVERSE GROUP OF INTERNAL AND EXTERNAL STAKEHOLDERS TO INFORM THE CHNA THE FOCUS GROUPS AND LISTENING SESSION WERE COMPRISED OF AREA RESIDENTS, PARTNERS AND PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE IN, PUBLIC HEALTH MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS SERVED BY THE HOSPITAL, INDIVIDUALS, OR ORGANIZATIONS REPRESENTING THE INTERESTS OF SUCH POPULATIONS ALSO PROVIDED INPUT FOR FURTHER PUBLIC HEALTH INPUT, THE CHNA WAS REVIEWED BY REPRESENTATIVES FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND THE GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH), INCLUDING THE DPH'S COMMISSIONER AND STATE HEALTH OFFICER

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 6A	THE HOSPITAL FACILITIES TANNER MEDICAL CENTER/CARROLLTON, TANNER MEDICAL CENTER/VILLARICA AND HIGGINS GENERAL HOSPITAL WORKED COLLABORATIVELY TO LEVERAGE EXISTING ASSETS AND RESOURCES THROUGHOUT TANNERS OVERALL PRIMARY SERVICE AREA OF CARROLL, HARALSON AND HEARD COUNTIES TO ASSESS THE HEALTH NEEDS OF THEIR COMMUNITIES

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 6B	TANNER MEDICAL GROUP, INC TMC WOODLAND FAMILY HEALTHCARE, INC TMC TANNER NEUROLOGY, INC TMC CAROUSEL PEDIATRICS, INC TMC INTERNAL MEDICINE OF VILLA RICA TMC CHILDREN'S HEALTHCARE OF WEST GEORGIA TMC GASTROENTEROLOGY ASSOCIATES, INC TMC INFECTIOUS DISEASES OF WEST GEORGIA, INC TMC WEST GEORGIA BEHAVIORAL HEALTH TMC WEST GEORGIA FAMILY MEDICINE, INC TMC INTERNAL MEDICINE OF CARROLLTON, INC TMC INTERNAL MEDICINE ASSOCIATES TMC WEST GEORGIA CARDIOLOGY, INC TMC HOME HEALTH, INC TMC HOSPICE CARE, INC TMC OCCUPATIONAL HEALTH, INC TMC HARALSON FAMILY HEALTHCARE TMC TALLAPOOSA FAMILY HEALTHCARE TMC WEST GEORGIA ANESTHESIA ASSOCIATES, INC TANNER INTENSIVE MEDICAL SERVICES TMC WEST CARROLL FAMILY HEALTHCARE TANNER FAMILY HEALTHCARE OF FRANKLIN TMC IMMEDIATE CARE VILLA RICA OB GYN, INC TMC TANNER GYNECOLOGY, INC TANNER PRIMARY CARE OF HEFLIN TANNER PRIMARY CARE OF WEDOWEE, INC WEST GEORGIA CENTER FOR PLASTIC SURGERY

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 7D	IN ADDITION TO BEING MADE AVAILABLE ON TANNER'S WEB SITE, WWW TANNER ORG, AND MADE AVAILABLE UPON REQUEST FROM THE HOSPITAL, COPIES OF THE CHNA WERE DISSEMINATED TO THE HOSPITAL'S BOARD AND EXECUTIVE LEADERSHIP, THE ASSESSMENT TEAM, COMMUNITY STAKEHOLDERS WHO CONTRIBUTED TO THE ASSESSMENT, AND MULTIPLE COMMUNITY LEADERS, VOLUNTEERS AND ORGANIZATIONS THAT COULD BENEFIT FROM THE INFORMATION OTHER COMMUNICATION EFFORTS INCLUDED PRESENTATIONS OF ASSESSMENT FINDINGS THROUGHOUT THE COMMUNITY

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 11	IN FY 2013, TANNER COMPLETED A CHNA FOR EACH OF ITS FACILITIES TO BETTER UNDERSTAND THE COMMUNITY'S HEALTH CONCERNS AND NEEDS. WITH THIS INFORMATION, AN ACTION PLAN WAS DEVELOPED TO HELP IMPROVE THE HEALTH OF LOCAL COMMUNITY MEMBERS. A KEY PIECE OF THE THREE YEAR CHNA CYCLE IS REVISITING THE PROGRESS MADE ON PRIORITY HEALTH TOPICS SET FORTH IN THE PRECEDING CHNA. BY REVIEWING ACTIONS TAKEN TO ADDRESS A PRIORITY HEALTH ISSUE AND EVALUATING THE IMPACT THOSE ACTIONS HAVE MADE IN THE COMMUNITY, IT IS POSSIBLE TO BETTER TARGET RESOURCES AND EFFORTS DURING THE NEXT ROUND OF THE CHNA CYCLE. TANNER'S PRIORITY TOPICS FOR FY 2014 - 2016 WERE: (1) ACCESS TO CARE, (2) CHRONIC DISEASE EDUCATION, PREVENTION AND MANAGEMENT, (3) MENTAL HEALTH. EACH OF THESE HEALTH TOPICS CORRELATES WELL TO THE PRIORITY HEALTH TOPICS SELECTED FOR THE CURRENT CHNA (FY 2016), THUS TANNER WILL BE BUILDING UPON EFFORTS OF PREVIOUS YEARS. TANNER'S LONG STANDING COMMITMENT TO THE COMMUNITY IS DEEPLY ROOTED IN ITS MISSION. THE ORGANIZATION REMAINS COMMITTED TO IMPROVING THE COMMUNITY'S HEALTH, NOT ONLY THROUGH DAILY PATIENT CARE ACTIVITIES BUT ALSO OUTREACH, PREVENTION, EDUCATION AND WELLNESS OPPORTUNITIES. TANNER IS DEDICATED TO MAKING WEST GEORGIA A HEALTHIER PLACE TO LIVE, LEARN, WORK, PLAY AND GROW. WITH THE HELP OF COMMUNITY PARTNERS, TANNER HAS SUCCESSFULLY IMPLEMENTED PROGRAMS THAT HELP WEST GEORGIA RESIDENTS WITH THE HEALTHCARE AND PREVENTIVE SERVICES THEY NEED. FOR A DETAILED DESCRIPTION OF THE STEPS TAKEN TO MEET THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN TANNER'S FY 2013 CHNA, SEE THE FY 2016 CHNA REPORTS FOR EACH OF TANNER'S HOSPITAL FACILITIES LOCATED ON TANNER'S WEB SITE AT <a href="http://www.tanner.org/about-us/the-community/community-health-needs-assessments">HTTP://WWW.TANNER.ORG/ABOUT-US/TH E COMMUNITY/COMMUNITY HEALTH NEEDS ASSESSMENTS</a> . AS AN OUTCOME OF THE PRIORITIZATION PROCESS AND TAKING EXISTING HOSPITAL AND COMMUNITY RESOURCES INTO CONSIDERATION, SEVERAL POTENTIAL HEALTH NEEDS OR ISSUES FLOWING FROM THE PRIMARY AND SECONDARY DATA WERE NOT IDENTIFIED AS SIGNIFICANT CURRENT HEALTH NEEDS AND WERE NOT ADVANCED FOR CONSIDERATION FOR THE FY 2017 2019 IMPLEMENTATION STRATEGY. CONCERNS WERE IDENTIFIED IN THE CHNA REGARDING LACK OF DENTAL SERVICES IN THE WEST GEORGIA REGION. WHILE NOT DIRECTLY ADDRESSED IN TANNER'S IMPLEMENTATION STRATEGY, TANNER WILL CONTINUE TO PARTNER WITH LOCAL DENTISTS AND ORAL SURGEONS TO PROVIDE URGENT DENTAL CARE IN THE HEALTH SYSTEM'S EMERGENCY DEPARTMENTS AND CLINICS, ALONG WITH WORKING COLLABORATIVELY WITH PROVIDERS, SOCIAL SERVICE AND COMMUNITY ORGANIZATIONS TO PROMOTE ROUTINE DENTAL CARE. TANNER ALSO PROVIDES FINANCIAL ASSISTANCE TO A LOCAL INDIGENT CLINIC, THE RAPHA CLINIC, WHICH PROVIDES DENTAL CARE TO THOSE WITHOUT INSURANCE OR THE MEANS TO AFFORD SUCH CARE. LACK OF PUBLIC TRANSPORTATION WAS IDENTIFIED AS A FACTOR IMPACTING COMMUNITY HEALTH. WHILE TANNER IS COMMITTED TO FINDING SOLUTIONS TO LIMITED TRANSPORTATION NEEDS IN THE REGION, PUBLIC TRANSPORTATION IS OUT OF THE SCOPE OF THE ORGANIZATION'S RESOURCES AND WILL NOT BE ADDRESSED.



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, TANNER MEDICAL CENTER, INC - PART V, LINE 11	ESSED AS A PRIMARY NEED IN THE IMPLEMENTATION STRATEGY, BUT WILL BE IMPACTED THROUGH THE ACCESS TO CARE PRIORITY TANNER WILL CONTINUE TO WORK COLLABORATIVELY WITH COUNTY AND CITY GOVERNMENTS, SOCIAL SERVICE AGENCIES AND MORE TO EVALUATE AND IDENTIFY OPPORTUNITIES TO INCREASE ACCESS TO TRANSPORTATION SERVICES IN THE REGION THE 2016 CHNA AND RELATED IMPLEMENTATION STRATEGY IS LOCATED ON TMC'S WEB SITE AT <a href="http://www.tanner.org/about-us/the-community/community-health-needs-assessments">HTTP //WWW TANNER ORG/ABOUT-US/THE-COMMUNITY/COMMUNITY-HEALTH- NEEDS-ASSESSMENTS</a>

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
TANNER MEDICAL CENTER INC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
58-1790149

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

6

3

Enter total number of other organizations listed in the line 1 table . . . . .

1

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION MONITORS TANNER MEDICAL FOUNDATION'S USE OF ASSISTANCE THROUGH A COMMON MANAGEMENT TEAM AND GOVERNING BOARD. THE ORGANIZATION'S BOARD OF DIRECTORS ESTABLISHES KEY MEASURES OF SYSTEM- WIDE COMMUNITY BENEFIT PERFORMANCE AND RECEIVE REGULAR REPORTS ON PROGRESS TOWARD ESTABLISHED GOALS. IN FULFILLING THESE RESPONSIBILITIES, THE BOARD DESIGNATED A COMMUNITY BENEFIT COMMITTEE THAT INCLUDES AT LEAST THREE BOARD MEMBERS, WITH A MAJORITY REPRESENTATION FROM A RANGE OF COMMUNITY STAKEHOLDERS WHO HAVE EXPERTISE IN AREAS SUCH AS THE CHARACTERISTICS AND HISTORY OF LOCAL COMMUNITIES WITH DISPROPORTIONATE UNMET HEALTH-RELATED NEEDS, CLINICAL SERVICE DELIVERY, ANALYSIS OF SERVICE UTILIZATION AND POPULATION HEALTH DATA, PRIMARY PREVENTIVE HEALTH INITIATIVES, SOCIAL SERVICES, YOUTH AND FAMILY SERVICES, FINANCE AND ACCOUNTING. THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD PARTICIPATES IN THE PROCESS OF ESTABLISHING PROGRAM PRIORITIES BASED ON COMMUNITY NEEDS AND ASSETS, DEVELOPING THE HOSPITAL'S COMMUNITY BENEFIT IMPLEMENTATION STRATEGY AND MONITORING PROGRESS TOWARD IDENTIFIED GOALS.

Additional Data

Software ID:  
Software Version:  
EIN: 58-1790149  
Name: TANNER MEDICAL CENTER INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANNER MEDICAL FOUNDATION INC 109 COLLEGE STREET CARROLLTON, GA 301173136	58-1790152	501C3	13,000				FUNDING PROJECTS
CARROLL COUNTY ECONOMIC DEVELOPMENT FOUNDATION INC 200 NORTHSIDE DRIVE CARROLLTON, GA 30117	58-2589709	501C3	120,000				ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WEST GEORGIA 1601 MAPLE STREET CARROLLTON, GA 30118	58-6002055	GOV	200,000				WORKFORCE DEVELOPMNT
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA 3200 DOWNWOOD CIRCLE NW ATLANTA, GA 30327	55-0821471	501C3	1,080,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINOS UNITED OF CARROLL COUNTY 409 NEWNAN ROAD CARROLLTON, GA 30117	01-0594059		50,000				GENERAL SUPPORT
RAPHA CLINIC OF WEST GEORGIA 253 EAST HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501C3	60,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANNER MEDICAL CENTER ALABAMA INC 705 DIXIE STREET CARROLLTON, GA 301173818	47-5348597	501C3	4,098,942				CAPITAL EQUIPMENT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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).**

Name of the organization TANNER MEDICAL CENTER INC	Employer identification number 58-1790149
---	--

**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> 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?	<b>2</b>									
<b>3</b> 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization?	<b>5b</b>	No								
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization?	<b>6b</b>	No								
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



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.

See Additional Data Table

[illegible]

**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
SCHEDULE J, PAGE 1, PART I, LINE 4	LOY HOWARD 0 108,893 0
SCHEDULE J, PART III	RETIREMENT PLAN LOY HOWARD, CEO PARTICIPATES IN AN INELIGIBLE UNFUNDED 457(F) PLAN PROVIDED TO SENIOR EXECUTIVES AS SET BY HIS EMPLOYMENT CONTRACT. THE PLAN BENEFITS ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE AND ARE CONDITIONED UPON THE FUTURE PERFORMANCE OF SERVICES. TANNER MEDICAL CENTER, INC. LONG TERM RETENTION PLAN IS AN UNFUNDED TOP-HAT PLAN THAT IS PROVIDED TO MR. HOWARD. UNPAID PLAN BENEFITS ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. ALL PLAN BENEFITS ARE SCHEDULED TO VEST ON OR BEFORE JUNE 30, 2021. MR. HOWARD IS ALSO ELIGIBLE FOR THE TANNER ADVANTAGE DEFERRED COMPENSATION PLAN WHICH IS AN ELIGIBLE 457(B) TOP-HAT PLAN AVAILABLE TO SENIOR EXECUTIVES AND PHYSICIANS. A CONTRIBUTION EQUAL TO THE IRS MAXIMUM CONTRIBUTION LIMIT FOR THE YEAR IS MADE ON MR. HOWARD'S BEHALF EACH YEAR. UNRELATED ORGANIZATION COMPENSATION CYPRESS HEALTHCARE PARTNERS, LLC, AN UNRELATED ORGANIZATION, IS A CONSULTING FIRM PROVIDING MANAGEMENT SERVICES TO TANNER. THE CONTRACT FOR SERVICES PROVIDED BY THEIR EMPLOYEE WILLIAM HINES, WHO SERVES AS THE CHIEF ADMINISTRATIVE OFFICER FOR TMC AND ITS AFFILIATES, IS 1,430,501, PLUS TRAVEL. MANAGEMENT SERVICES PROVIDED BY WILLIAM HINES INCLUDE DIRECTING VARIOUS DEPARTMENTAL OPERATIONS (TMC ENGINEERING, DIETARY, HUMAN RESOURCES ETC.), MANAGING PHYSICIAN PRACTICES, AND HOSPICE AND HOME HEALTH OPERATIONS. BONUS/INCENTIVE THE CEO OF THE ORGANIZATION IS ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION IN SUCH AMOUNT, IF ANY, AS DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD IN ITS SOLE DISCRETION, BASED ON, AMONG OTHER THINGS, THE ATTAINMENT OF ANNUAL OBJECTIVES ESTABLISHED BY THE BOARD. VARIOUS EMPLOYEES ARE ELIGIBLE TO RECEIVE BONUSES.

Additional Data

Software ID:  
Software Version:  
EIN: 58-1790149  
Name: TANNER MEDICAL CENTER 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				
1CHRIS ARANT MD DIRECTOR -BEGAN 5/18	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	946,427	15,731	60,000	13,053	28,664	1,063,875	
1LOY HOWARD CEO	(i)	493,205	239,239	333,572	63,616	15,755	1,145,387	
	(ii)	364,544	176,829	246,552	75,427	11,645	874,997	
2WILLIAM WATERS MD CMO	(i)	399,319	482,511	345	7,763	10,815	900,753	
	(ii)	295,149	356,639	255	5,738	7,994	665,775	
3WILLIAM HINES CONTRACT CAO	(i)	216,932	138,631	2,063			357,626	
	(ii)	650,797	415,892	6,188			1,072,877	
4WAYNE SENFELD SR VP, BUS DEV	(i)	213,787	130,421	345	7,763	9,221	361,537	
	(ii)	158,016	96,398	255	5,738	6,815	267,222	
5JIM GRIFFITH COO	(i)	222,999	81,671	345	7,762	9,911	322,688	
	(ii)	164,826	60,366	255	5,737	7,326	238,510	
6CAROL CREWS CFO	(i)	239,820	63,916		7,763	9,419	320,918	
	(ii)	177,258	47,243		5,738	6,962	237,201	
7DENISE TAYLOR CCH	(i)	153,853	58,468	345	7,712	850	221,228	
	(ii)	113,717	43,215	255	5,700	628	163,515	
8BEN CAMP MD VP, MEDICAL AFFAIRS	(i)	218,295	50,189	345	7,762	10,126	286,717	
	(ii)	161,349	37,096	255	5,737	7,484	211,921	
9SUSAN FOX SVP, TMG	(i)	178,209	42,335	345	6,943	5,699	233,531	
	(ii)	131,720	31,291	255	5,132	4,213	172,611	
10DEBORAH MATTHEWS CNO	(i)	176,456	41,653	345	7,763	4,485	230,702	
	(ii)	130,424	30,787	255	5,738	3,315	170,519	
11VAUGHN CLAGETTE MD PAST VP -8/17	(i)	105,349		5,962	6,601	3,741	121,653	
	(ii)	77,866		4,407	4,879	5,061	92,213	
12RICHIE BLAND MD PHYSICIAN	(i)	739,571		110,600	13,500	17,524	881,195	
	(ii)							
13ANNA HARRIS MD PHYSICIAN	(i)	686,490		600	13,500	17,186	717,776	
	(ii)							
14TUNICIA GIRON MD PHYSICIAN	(i)	453,490	97,587	20,600	13,500	17,312	602,489	
	(ii)							
15HANS MILLER MD PHYSICIAN	(i)	408,965			13,408	19,316	441,689	
	(ii)							
16HESS PANJETON MD PHYSICIAN	(i)	334,335			8,100	12,701	355,136	
	(ii)							

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TANNER MEDICAL CENTER INC

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
58-1790149

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 CARROLL CITY-COUNTY HOSP AUTHORITY 2008 SERIES BONDS	58-1790149	144709FK3	03-11-2008	32,970,000	CONSTRUCTION	X			X		X
B CARROLL CITY-COUNTY HOSP AUTHORITY 2010 SERIES BONDS	58-1790149	144709GC0	08-31-2010	81,569,188	CONSTRUCTION		X		X		X
C CARROLL CITY-COUNTY HOSP AUTHORITY 2015 SERIES BONDS	58-1790149	144709GGI	07-01-2015	71,560,000	CONSTRUCTION		X		X		X
D CARROLL CITY-COUNTY HOSP AUTHORITY 2016A SERIES BONDS	58-1790149	144709HB1	03-01-2016	26,255,000	REFUNDING SERIES 2008 BONDS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	5,920,000		22,549,188				105,000	
2	Amount of bonds legally defeased . . . . .	26,255,000		36,855,000					
3	Total proceeds of issue . . . . .	32,837,800		81,569,188		75,846,532		29,251,274	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .			35,910,031				28,827,106	
7	Issuance costs from proceeds . . . . .	837,414		657,030		429,360		424,168	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .	32,000,386							
10	Capital expenditures from proceeds . . . . .			45,002,127		75,000,000			
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2009		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X			X	X	
16	Has the final allocation of proceeds been made? . . . . .	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .				X		X		X		X

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶								
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> 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		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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		X

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<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		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .		X		X		X		X

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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		X

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

Return Reference	Explanation
SCHEDULE K - DIFFERENCES IN ISSUE PRICE EXPLANATION	CARROLL CITY-COUNTY HOSP AUTHORITY SERIES 2008 BONDS THE PART I, COLUMN (E), ROW (A) ISSUE PRICE DOES NOT AGREE WITH THE PART II, COLUMN (A) LINE 3 TOTAL PROCEEDS OF ISSUE DUE TO THE NET ORIGINAL ISSUE DISCOUNT OF 132,200 CARROLL CITY-COUNTY HOSP AUTHORITY SERIES 2015 BONDS THE PART I, COLUMN (E), ROW (C) ISSUE PRICE DOES NOT AGREE WITH THE PART II, COLUMN (C) LINE 3 TOTAL PROCEEDS OF ISSUE DUE TO THE NET ORIGINAL ISSUE PREMIUM OF 4,289,532 CARROLL CITY-COUNTY HOSP AUTHORITY SERIES 2016A BONDS THE PART I, COLUMN (E), ROW (D) ISSUE PRICE DOES NOT AGREE WITH THE PART II, COLUMN (D) LINE 3 TOTAL PROCEEDS OF ISSUE DUE TO THE NET ORIGINAL ISSUE PREMIUM OF 2,996,274 CARROLL CITY-COUNTY HOSP AUTHORITY SERIES 2016B BONDS THE PART I, COLUMN (E), ROW (D) ISSUE PRICE DOES NOT AGREE WITH THE PART II, COLUMN (D) LINE 3 TOTAL PROCEEDS OF ISSUE DUE TO THE NET ORIGINAL ISSUE PREMIUM OF 4,232,747

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
TANNER MEDICAL CENTER INC

Employer identification number

58-1790149

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WEST GEORGIA AMBULANCE	DIRECTOR	123,100	AMBULANCE SERVICE		No
(2) CARROLLTON EAR NOSE AND THROAT PC	DIRECTOR/DOCTOR	233,050	MANAGEMENT SERVICES		No
(3) WEST GEORGIA HOSPITALIST LLC	VP/DOCTOR	896,700	HOSPITALIST		No
(4) HGA VILLA RICA LLC	VP/DOCTOR	128,000	MANAGEMENT SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	STEVE ADAMS, BOARD MEMBER, OWNS WEST GEORGIA AMBULANCE, WHICH PROVIDES PATIENT TRANSPORTATION SERVICES TO TANNER MEDICAL CENTER, INC. THE ORGANIZATION FOLLOWS A SPECIFIC PROCESS TO BID OUT THESE SERVICES VIA OUTSIDE LEGAL COUNSEL TO ENSURE THESE SERVICES ARE AT FAIR MARKET VALUE. DR. ROBERT PITTS, BOARD MEMBER (RESIGNED JANUARY 2018), IS A PART OWNER OF CARROLLTON EAR, NOSE, AND THROAT. TANNER MEDICAL CENTER ENTERED INTO A MANAGEMENT SERVICES AGREEMENT WITH CARROLLTON EAR, NOSE, AND THROAT TO PROVIDE CLINICAL CO-MANAGEMENT AND PHYSICIAN COVERAGE FOR THE CLINICAL PROGRAM FOR THE PURPOSE OF IMPROVING THE QUALITATIVE PERFORMANCE, EFFICIENCY, EFFECTIVENESS AND SCOPE OF THE CLINICAL PROGRAM. CARROLLTON EAR, NOSE, AND THROAT THROUGH ITS PHYSICIANS ARE RESPONSIBLE FOR CONTINUITY OF PATIENT CARE THROUGH THE DEVELOPMENT OF POLICIES AND PROCEDURES NEEDED TO IMPROVE CALL COVERAGE FOR ALL PATIENTS. IN ADDITION, PHYSICIANS SHALL ENDEAVOR TO CONTINUALLY ENHANCE THE QUALITY OF SERVICE PROVIDED TO PATIENTS WITH EMPHASIS PLACED ON SPECIFIC QUALITY PERFORMANCE MEASURES THAT ARE REVIEWED QUARTERLY WITH MEDICAL STAFF MANAGEMENT AND REPORTED ANNUALLY. DR. VAUGHN CLAGETTE, TMC VICE-PRESIDENT (RESIGNED IN AUGUST 2017), IS A PART OWNER OF WEST GEORGIA HOSPITALIST, LLC, WHICH MANAGES THE HOSPITALIST PROGRAM AND PROVIDES ON CALL AND LOCUM PHYSICIAN COVERAGE FOR ALL FACILITIES. DR. VAUGHN CLAGETTE, TMC VICE-PRESIDENT (RESIGNED IN AUGUST 2017), IS FIFTY PERCENT OWNER OF HGA VILLA RICA, LLC WHICH PROVIDES MANAGEMENT SERVICES TO TMC.



**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

**2017**

**Open to Public Inspection**

Name of the organization  
TANNER MEDICAL CENTER INC

**Employer identification number**

58-1790149

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO PROVIDE A CONTINUUM OF QUALITY HEALTHCARE SERVICES WITHIN OUR RESOURCE CAPABILITIES 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>TANNER MEDICAL CENTER, INC IS A REGIONAL HEALTHCARE PROVIDER WITH MORE THAN 300 PHYSICIAN S REPRESENTING 35 UNIQUE MEDICAL SPECIALTIES TANNER PROVIDES A WIDE RANGE OF COMPREHENSIV E MEDICAL SERVICES FOR RESIDENTS IN A REGION OF WEST GEORGIA AND EAST ALABAMA TANNER'S FA CILITIES INCLUDE THE 180-BED ACUTE CARE TANNER MEDICAL CENTER/CARROLLTON, THE ROY RICHARDS , SR CANCER CENTER, TANNER HEART AND VASCULAR CENTER, TANNER BREAST HEALTH, THE TANNER AD VANCED WOUND CENTER, EMPLOYEE ASSISTANCE PROGRAM (TANNER EAP) AND MORE MORE INFORMATION O N TANNER MEDICAL CENTER, INC IS AVAILABLE IN THE HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT, WHICH CAN BE DOWNLOADED AT <a href="http://www.tanner.org/main/healthlivingmagazine.aspx">HTTP //WWW TANNER ORG/MAIN/HEALTHLIVINGMAGAZINE ASPX</a> T ANNER MEDICAL CENTER, INC IS A NOT-FOR-PROFIT HEALTHCARE SYSTEM THE MEDICAL CENTER PROVI DES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES TO RESIDENTS OF WEST GEORGIA AND SUR ROUNDING AREAS ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA AND EMP LOYED PHYSICIANS TANNER MEDICAL CENTER, INC INCLUDES THE FOLLOWING TANNER MEDICAL CENTE R/CARROLLTON, ESTABLISHED TO PROVIDE COMPREHENSIVE HEALTHCARE SERVICES THROUGH THE OPERATI ON OF A 180-BED ACUTE CARE HOSPITAL IN CARROLLTON, GEORGIA</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	CYPRESS HEALTHCARE PARTNERS, LLC, AN UNRELATED ORGANIZATION, IS A CONSULTING FIRM PROVIDING MANAGEMENT SERVICES TO TANNER CYPRESS HEALTHCARE PARTNERS, LLC ASSIGNED WILLIAM HINES AS CHIEF ADMINISTRATIVE OFFICER SERVICE PROVIDED BY WILLIAM HINES INCLUDES DIRECTING VARIOUS DEPARTMENTAL OPERATIONS (TMC ENGINEERING, DIETARY, HUMAN RESOURCES ETC ), MANAGING PHYSICIAN PRACTICES, AND HOSPICE AND HOME HEALTH OPERATIONS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S ACCOUNTING DEPARTMENT GATHERS INFORMATION FOR THE PREPARATION OF THE FORM 990 AND CONSULTS WITH THE CFO AND COMPLIANCE OFFICER ON CERTAIN MATTERS PRIOR TO FILING WITH THE IRS. A DRAFT COPY AS PREPARED BY THE EXTERNAL ACCOUNTING FIRM IS REVIEWED BY THE CFO FOR ACCURACY. ONCE CORRECTIONS ARE MADE, THE FINAL VERSION IS DISTRIBUTED TO ALL VOTING BOARD MEMBERS VIA ELECTRONIC MEANS PRIOR TO FILING WITH THE IRS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY COVERS ALL EMPLOYEES, SUPPLIERS, MEDICAL STAFF AND VOLUNTEERS CONFLICTS ARE RE VIEWED BY THE COMPLIANCE OFFICER FOR RESOLUTION THE COMPLIANCE OFFICER THEN CONSULTS WITH THE EXECUTIVE TEAM AND THE CEO FOR FINAL RESOLUTION PER THE POLICY, ANY PERSON WITH A CO NFLICT WILL EXCUSE THEMSELVES FROM THE DECISION MAKING PROCESS COMPLETELY BOARD MEMBERS P HYSICALLY LEAVE THE ROOM WHEN DISCUSSIONS OCCUR THAT ARE POTENTIAL CONFLICTS TANNER BIDS OUT SERVICES AND IF A COMPANY OWNED BY A BOARD MEMBER CHOOSES TO BID, THERE ARE ADDITIONAL STEPS FOR TRANSPARENCY, SUCH AS ADVERTISING THE BIDDING PROCESS IN THE NEWSPAPER ALL SER VICES ARE COMPARED TO FAIR MARKET VALUE TRANSACTIONS INVOLVING ANY POTENTIAL CONFLICT OF INTEREST ARE HANDLED BY THE ATTORNEY TO MAKE SURE ALL STEPS ARE TAKEN TO COMPLY WITH THE C ONFLICT OF INTEREST POLICY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION'S COMPENSATION COMMITTEE REVIEWS RECOMMENDATIONS AND APPROVES COMPENSATION PACKAGES FOR ALL SENIOR MANAGEMENT TMC USES AN OUTSIDE NATIONALLY KNOWN COMPENSATION AND BENEFITS FIRM THAT USES SURVEY INFORMATION, REVIEWS JOB STANDARDS, ETC FOR ALL SENIOR MANAGEMENT THE OUTSIDE FIRM ANALYZES COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND PRESENTS THE DATA TO THE COMPENSATION COMMITTEE WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT, OFFICIAL MINUTES ARE KEPT THE EXECUTIVE ASSISTANT TO THE CEO MAINTAINS THE MINUTES THIS PROCESS IS COMPLETED EVERY YEAR IN MARCH

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE NARRATIVE FOR LINE 15A

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO MEMBERS OF THE PUBLIC WHO MAKE THEIR REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES 10,129,056 0 0 CONTRACT SERVICES 3,872,660 2,513,037 0 PURCHASED SERVICES 3,567,258 6,553,529 0 CONSULTANT FEES 92,542 1,898,014 0 OTHER FEES 70,694 106,103 0 COLLECTION FEES 0 1,566,776 0 TOTAL 17,732,210 12,637,459 0

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL CONTRIBUTION TO TEA 4,098,942 THE CHANGE IN NET ASSETS IS DIRECTLY RELATED TO NONCASH TRANSACTIONS WHICH IS DETAILED ABOVE DURING 2016, THE RANDOLPH COUNTY HEALTH CARE AUTHORITY (AUTHORITY) ENTERED INTO A LEASE AND TRANSFER AGREEMENT WITH TANNER MEDICAL CENTER ALABAMA, INC IN WHICH THE AUTHORITY BUILT A REPLACEMENT FACILITY FOR WEDOWEE HOSPITAL THE REPLACEMENT FACILITY OPENED NOVEMBER 14, 2017 AS TANNER MEDICAL CENTER EAST ALABAMA (TEA), A 15-BED ACUTE CARE HOSPITAL IN WEDOWEE, AL THE PURPOSE AND INTENT OF THE AGREEMENT WAS TO TRANSFER CONTROL OVER ALL THE REAL PROPERTY, OPERATING ASSETS, AND OPERATIONS TO TANNER MEDICAL CENTER ALABAMA, INC FROM THE AUTHORITY THE PRIMARY REASON FOR THE AGREEMENT IS TO ENSURE THE LONG-TERM AVAILABILITY AND ACCESSIBILITY OF QUALITY HEALTH CARE TO THE RESIDENTS OF RANDOLPH COUNTY

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization  
TANNER MEDICAL CENTER INC

Employer identification number  
58-1790149

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) TMC CAMPUS HEALTH CENTER LLC 705 DIXIE STREET CARROLLTON, GA 30117 82-3790957	CLINIC	GA			TMC

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)TANNER MEDICAL FOUNDATION INC 109 COLLEGE STREET  CARROLLTON, GA 301173136 58-1790152	FOUNDATION	GA	501C3	7	TMC	Yes	
(2)TANNER MEDICAL CENTER GROUP RETURN 705 DIXIE STREET  CARROLLTON, GA 301173818 80-0785570	HEALTHCARE	GA	501C3	3	TMC	Yes	
(3)TANNER MEDICAL CENTER ALABAMA INC 705 DIXIE STREET  CARROLLTON, GA 301173818 47-5348597	HOSPITAL	AL	501C3	3	TMC	Yes	
(4)TMC BUCHANAN FAMILY HEALTHCARE CTR 705 DIXIE STREET  CARROLLTON, GA 301173818 58-2502339	RHC	GA	501C3	3	TMC	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) Disproporionate 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
<b>(1)</b> HEALTHLIANT INC 705 DIXIE STREET CARROLLTON, GA 301173818 58-1790151	HEALTHCARE	GA	N/A						No
<b>(2)</b> HEALTHLIANT ENTERPRISES INC 705 DIXIE STREET CARROLLTON, GA 301173818 82-4529412	HEALTHCARE	GA	N/A						No
<b>(3)</b> WEST GEORGIA ENDOSCOPY CTR LLC 160 CLINIC AVENUE CARROLLTON, GA 30117 75-3182533	ENDOSCOPY	GA	N/A	S CORP	249,425	619,000	51 000 %		No

**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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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)

Additional Data

Software ID:  
Software Version:  
EIN: 58-1790149  
Name: TANNER MEDICAL CENTER 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
TANNER MEDICAL FOUNDATION INC	B	13,000	FMV
TANNER MEDICAL FOUNDATION INC	C	218,925	FMV
ALL ENTITIES	E	35,357,143	GENERAL LEDGER
ALL ENTITIES	L		VALUE UNDETERMINED
ALL ENTITIES	M		VALUE UNDETERMINED
ALL ENTITIES	O		VALUE UNDETERMINED
TANNER MEDICAL CENTER GROUP	Q	56,238,175	FMV