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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
TANNER MEDICAL CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
705 DIXIE STREET

City or town, state or province, country, and ZIP or foreign postal code
CARROLLTON, GA 301173818

D Employer identification number
58-1790149

E Telephone number
(770) 836-9580

G Gross receipts $ 643,587,861

F Name and address of principal officer:
LOY HOWARD
705 DIXIE STREET
CARROLLTON, GA 301173818

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TANNER.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE A CONTINUUM OF QUALITY HEALTHCARE SERVICES 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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	3,936
6	Total number of volunteers (estimate if necessary)	**6**	179
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,104,972
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	762,407

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	380,547	19,975,354
9	Program service revenue (Part VIII, line 2g)	280,603,710	269,104,723
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,746,877	22,220,153
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,530,054	72,970,415
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	365,261,188	384,270,645
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,574,001	1,566,701
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	145,364,280	149,078,058
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	165,817,116	174,959,714
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	312,755,397	325,604,473
19	Revenue less expenses. Subtract line 18 from line 12	52,505,791	58,666,172

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	776,893,468	876,761,987
21	Total liabilities (Part X, line 26)	224,242,937	280,378,860
22	Net assets or fund balances. Subtract line 21 from line 20	552,650,531	596,383,127

Part II Signature Block

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

Sign Here

****** 2021-05-15
Signature of officer Date

CAROL CREWS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-05-14		P00861721

Firm's name ▶ DRAFFIN & TUCKER LLP — Firm's EIN ▶ 58-0914992

Firm's address ▶ PO BOX 71309
ALBANY, GA 317081309 — Phone no. (229) 883-7878

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

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.

4a (Code:) (Expenses $ 222,300,284 including grants of $ 1,566,701) (Revenue $ 339,598,981)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 222,300,284

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
15	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*	15		No
16	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*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	350		
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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 3,936			
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)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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**		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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**			
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**			
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?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
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**		
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?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		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
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(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			
See Additional Data Table										

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

(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,476,544	4,536,015	449,276

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 ▶ 266

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RA-LIN & ASSOCIATES INC 101 PARKWOOD CIRCLE CARROLLTON, GA 301178756	CONSTRUCTION	11,871,606
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE SVCS	10,602,807
IMPACT ADVISORS LLC 400 E DIEHL ROAD SUITE 190 NAPERVILLE, IL 60563	CONSULTING	6,307,995
TRIMEDX 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268	CLINICAL ENGIN	2,610,651
MICROSOFT LICENSING GP 1950 N STEMMONS FWY DALLAS, TX 75207	LICENSING FEES	2,333,604

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 93

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	654,227			
e Government grants (contributions)	1e	19,321,127			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		19,975,354			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	623000	268,423,656	268,423,656		
b REFERENCE LAB	621500	681,067		681,067	
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		269,104,723			
3 Investment income (including dividends, interest, and other similar amounts)		11,686,273			11,686,273
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	269,595,596	255,500		
b Less: cost or other basis and sales expenses	7b	257,171,716	2,145,500		
c Gain or (loss)	7c	12,423,880	-1,890,000		
d Net gain or (loss)		10,533,880			10,533,880
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a SHARED SERVICE REVENUE	621990	68,075,166	68,075,166		
b PROPERTY MANAGEMENT FEE	531310	2,219,594	2,219,594		
c CAFETERIA	722514	1,165,830			1,165,830
d All other revenue		1,509,825	886,573	423,905	199,347
e **Total.** Add lines 11a–11d		72,970,415			
12 **Total revenue.** See instructions		384,270,645	339,604,989	1,104,972	23,585,330

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,566,701	1,566,701		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,816,303		4,816,303	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	409,551		409,551	
7 Other salaries and wages	105,433,111	73,920,745	31,512,366	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,881,796	3,721,642	1,160,154	
9 Other employee benefits	25,564,015	25,368,982	195,033	
10 Payroll taxes	7,973,282	6,087,682	1,885,600	
11 Fees for services (non-employees):				
a Management	568,203		568,203	
b Legal	971,324		971,324	
c Accounting	321,937		321,937	
d Lobbying	88,000		88,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	422,348		422,348	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,282,293	21,085,211	18,197,082	
12 Advertising and promotion	1,122,777	450,334	672,443	
13 Office expenses	39,550,369	35,502,461	4,047,908	
14 Information technology				
15 Royalties				
16 Occupancy	8,317,043	6,814,153	1,502,890	
17 Travel	176,197	92,399	83,798	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	517,365	173,523	343,842	
20 Interest	1,178		1,178	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,585,298	17,010,066	11,575,232	
23 Insurance	2,818,562	22,149	2,796,413	
24 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.)				
a MEDICAL SUPPLIES	23,097,169	23,096,624	545	
b REPAIRS AND MAINTENANCE	19,711,882	2,419,979	17,291,903	
c LICENSES	5,076,720	4,238,025	838,695	
d MISCELLANEOUS	3,277,618	723,013	2,554,605	
e All other expenses	1,053,431	6,595	1,046,836	
25 **Total functional expenses.** Add lines 1 through 24e	325,604,473	222,300,284	103,304,189	0
26 **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 ▶ ☐ 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
Assets	1	Cash–non-interest-bearing		2,280,456	1	53,088,790
	2	Savings and temporary cash investments		153,898,011	2	190,449,084
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		36,302,186	4	46,406,959
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		2,964,964	7	3,032,470
	8	Inventories for sale or use		5,007,650	8	5,979,280
	9	Prepaid expenses and deferred charges		8,573,593	9	7,514,071
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 450,980,522			
	b	Less: accumulated depreciation	10b 223,011,229	230,537,930	10c	227,969,293
	11	Investments—publicly traded securities		248,360,089	11	245,655,753
	12	Investments—other securities. See Part IV, line 11		4,768,361	12	5,106,441
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		84,200,228	15	91,559,846
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		776,893,468	16	876,761,987
Liabilities	17	Accounts payable and accrued expenses		47,158,817	17	44,774,152
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		173,530,279	20	190,497,448
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,066,667	23	44,401,847
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,487,174	25	705,413
	26	**Total liabilities.** Add lines 17 through 25		224,242,937	26	280,378,860
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		541,025,794	27	584,120,130
	28	Net assets with donor restrictions		11,624,737	28	12,262,997
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		552,650,531	32	596,383,127
	33	Total liabilities and net assets/fund balances		776,893,468	33	876,761,987

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	384,270,645
2	Total expenses (must equal Part IX, column (A), line 25)	2	325,604,473
3	Revenue less expenses. Subtract line 2 from line 1	3	58,666,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	552,650,531
5	Net unrealized gains (losses) on investments	5	-14,933,576
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	596,383,127

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-1790149

Name: TANNER MEDICAL CENTER INC

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 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			
DANIEL JACKSON CHAIRMAN	1.00 3.00	X		X				0	0	0
JEFFREY LINDSEY DMD VICE CHAIRMA	1.00 2.00	X		X				0	0	0
MARY COVINGTON SECRETARY	1.00 2.00	X		X				0	0	0
GELON WASDIN TREASURER	1.00 2.00	X		X				0	0	0
FREDERICK O'NEAL DIRECTOR	1.00 2.00	X						0	0	0
STEVE ADAMS DIRECTOR	1.00 2.00	X						0	0	0
ANNA BERRY DIRECTOR	1.00 2.00	X						0	0	0
HOWARD RAY DIRECTOR	1.00 2.00	X						0	0	0
LYNN CLARKE DIRECTOR	1.00 2.00	X						0	0	0
TIMOTHY WARREN DIRECTOR	1.00 2.00	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			
CHRIS ARANT MD DIRECTOR	1.00 42.00	X						0	1,185,629	23,801
DENISE TAYLOR CCH	23.00 18.00			X				199,956	147,793	14,000
GREG SCHULENBURG CIO/COO AS O	23.00 18.00				X			298,343	99,447	23,318
DEBORAH MATTHEWS CNO	23.00 18.00				X			226,723	167,577	24,594
SUSAN FOX SVP, TMG	23.00 18.00				X			233,135	172,316	25,361
WAYNE SENFELD SR. VP, BUS	23.00 18.00			X				286,897	212,054	25,180
JIM GRIFFITH FORMER COO	0.00 0.00						X	5,399	3,991	0
QUIANA SCOTLAND MD PHYSICIAN	40.00					X		634,517	0	14,980
ALYSSIA HOWARD MD PHYSICIAN	40.00					X		627,717	0	16,521
CAROL CREWS CFO	23.00 19.00			X				359,392	265,638	25,612

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			
BEN CAMP MD VP, MEDICAL	23.00 18.00				X			350,871	259,339	24,652
TUNICIA GIRON MD PHYSICIAN	40.00					X		636,948	0	20,603
ANNA HARRIS MD PHYSICIAN	40.00					X		690,787	0	16,406
RICHIE BLAND MD PHYSICIAN	40.00					X		852,396	0	23,617
WILLIAM HINES CONTRACT CAO	10.00 31.00			X				614,740	204,914	0
WILLIAM WATERS MD FORMER CMO							X	404,152	298,721	0
LOY HOWARD CEO	23.00 21.00			X				1,843,691	1,362,728	152,267
PAUL PERROTTI PAST COO (LE	23.00 18.00			X				210,880	155,868	18,364

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TANNER MEDICAL CENTER INC

Employer identification number
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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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? *If "Yes," provide detail in* ***Part VI.***	6		
7	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	**1**		
2	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? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	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? *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.*	**2a**		
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? *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.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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.

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134063601

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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	Employer identification number
TANNER MEDICAL CENTER INC	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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		251,259
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		46,830
j	Total. Add lines 1c through 1i			298,089
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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. CONNECT SOUTH ARE ALSO RETAINED TO HELP TANNER IN THE AREA OF PUBLIC AFFAIRS SUPPORT WITH THE STATE OF GEORGIA. BRIAN DILL SERVES AS TANNER'S VICE PRESIDENT OVER GOVERNMENT RELATIONS WHOSE DUTIES INCLUDE HELPING TANNER HEALTH SYSTEM STAY ABREAST OF LEGISLATIVE ISSUES RELATED TO HEALTHCARE.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	11,624,737	10,766,811	8,237,661	7,228,875	6,785,533
b Contributions	1,344,454	1,412,001	3,138,455	1,905,178	1,159,187
c Net investment earnings, gains, and losses	-382,537	49,325	150,463	240,311	-39,629
d Grants or scholarships	323,657	603,400	759,768	1,136,703	676,216
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	12,262,997	11,624,737	10,766,811	8,237,661	7,228,875

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ 31.870 %
- c Temporarily restricted endowment ▶ 68.130 %

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:

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		15,414,467		15,414,467
b Buildings		213,192,318	99,976,682	113,215,636
c Leasehold improvements		6,196,153	1,434,035	4,762,118
d Equipment		204,209,417	121,600,512	82,608,905
e Other		11,968,167		11,968,167
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				227,969,293

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	67,417,201
(2)BENEFICIAL INTEREST IN FOUNDATION	14,513,330
(3)OTHER RECEIVABLES	7,115,053
(4)INSURANCE RECEIVABLE	1,043,960
(5)BOND ISSUE COSTS	867,481
(6)DUE FROM THIRD PARTY PAYORS	482,821
(7)INVEST. IN UNCONSOLIDATED COMPANY	120,000
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	91,559,846

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTIES	705,413
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	705,413

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.

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

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.

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

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	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 ACC OUNTING POLICIES THAT PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE FINANCIAL STATEME NT 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 THA T EVALUATION, THE MEDICAL CENTER ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX PO SITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTIO N OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOG NIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESU LT 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 MANAGEMENTS EVALUA TION, 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, 2020 AND 2019 OR FOR THE YEARS THEN ENDED. THE MEDICAL CENTERS TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES. FOR FEDERAL INCOME TAX PURP OSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THR EE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS. TANNER MEDICAL GROUP IS P ART OF A TAX-EXEMPT ORGANIZATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE COD E. THE AFFILIATED BUSINESS SERVICES PROVIDED ARE, HOWEVER, SUBJECT TO UNRELATED BUSINESS I NCOME TAXES AND A FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN IS FILED FOR THESE SERVICES.

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

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.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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: ☐ 100% ☐ 150% ☐ 200% ☑ Other 250.0000000000 %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile 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)			15,878,308		15,878,308	4.880 %
b Medicaid (from Worksheet 3, column a)			24,408,701	15,130,686	9,278,015	2.850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			40,287,009	15,130,686	25,156,323	7.730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,392,191	70,287	1,321,904	0.410 %
f Health professions education (from Worksheet 5)			4,050		4,050	
g Subsidized health services (from Worksheet 6)			233,760		233,760	0.070 %
h Research (from Worksheet 7)			87,865		87,865	0.030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			586,500		586,500	0.180 %
j **Total.** Other Benefits			2,304,366	70,287	2,234,079	0.690 %
k **Total.** Add lines 7d and 7j			42,591,375	15,200,973	27,390,402	8.410 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,000		1,000	
2 Economic development			66,538		66,538	0.020 %
3 Community support			63,356		63,356	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members			5,000		5,000	
6 Coalition building						
7 Community health improvement advocacy			3,700		3,700	
8 Workforce development			92,250		92,250	0.030 %
9 Other						
10 Total			231,844		231,844	0.070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 29,540,812			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	51,679,775
6	Enter Medicare allowable costs of care relating to payments on line 5	6	61,227,578
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,547,803
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	WEST GEORGIA ENDOS	GASTROENTEROLOGY	51.000 %		49.000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Name of hospital facility or letter of facility reporting group TANNER MEDICAL CENTER INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.TANNER.ORG			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWW.TANNER.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 350.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.TANNER.ORG			
b	☑ The FAP application form was widely available on a website (list url): WWW.TANNER.ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.TANNER.ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ 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
17 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?	17	Yes	
18 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:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ 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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ 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

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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
SCHEDULE H, PART I, LINE 7	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
SCHEDULE H, PART II	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. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	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
SCHEDULE H, PART III, LINE 4	SEE PAGES 18-22 ON THE ACCOMPANYING AUDITED FINANCIAL STATEMENTS FOR THE FOOTNOTE DISCLOSURE REGARDING UNINSURED PATIENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	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
SCHEDULE H, PART III, LINE 9B	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
SCHEDULE H, PART VI, LINE 2	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 2019, 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. PREVIOUS CHNA'S WERE COMPLETED IN FY 2013 AND FY 2016. THESE COMPREHENSIVE, MULTIFACTOR ASSESSMENTS INCLUDED THE COLLECTION AND ANALYSIS OF QUANTITATIVE DATA, AS WELL AS QUALITATIVE INPUT DIRECTLY FROM RESIDENTS GATHERED THROUGH KEY INFORMANT 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 2020 2022 BY TANNER MEDICAL CENTER, INC. INCLUDE: (1) ACCESS TO CARE; (2) HEALTHY AND ACTIVE LIFESTYLES AND EDUCATION (3) CHRONIC DISEASE EDUCATION, PREVENTION AND MANAGEMENT; (4) MENTAL/BEHAVIORAL HEALTH; (5) SUBSTANCE MISUSE; AND (6) SOCIAL DETERMINANTS OF HEALTH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	TANNER PATIENTS ARE PROVIDED WITH INFORMATION PERTAINING TO THE ORGANIZATION'S CHARITY/INDIGENT PROGRAM AT THE TIME OF REGISTRATION AND ON THE TANNER 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 THE SYSTEM. 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 350% (3.5 TIMES) OF THE FEDERAL POVERTY GUIDELINES (FPG) BASED ON FAMILY SIZE RECEIVE 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 ALLOWANCES. PATIENTS WHOSE FAMILY INCOME EXCEEDS TWO TIMES THE APPLICABLE FPG MAY ALSO QUALIFY FOR SLIDING SCALE DISCOUNTS ON MEDICALLY NECESSARY SERVICES. 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 FLIERS AVAILABLE AT REGISTRATION DESKS FOR PATIENTS AND FAMILIES; 3) PRINTED IN FLIERS AND POSTED ON WALLS MOUNTS THROUGHOUT HOSPITALS; 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 DFACS AND HEALTH DEPARTMENTS; 8) PRINTED IN LOCAL NEWSPAPER ANNUALLY FOR THE COMMUNITY; 9) PROVIDED TO LOCATION PHYSICIAN OFFICE MANAGEMENT MEETINGS ANNUALLY; 9) POSTED ON TANNER WEBSITE WWW.TANNER.ORG.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	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 2020 COUNTY HEALTH RANKINGS AND THE US CENSUS BUREAU, 2019 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 119,992; DIVERSITY 70.7 PERCENT CAUCASIAN, 19.6 PERCENT AFRICAN AMERICAN, 7.2 PERCENT HISPANIC; AVERAGE INCOME 49,608; UNINSURED 16 PERCENT; UNEMPLOYMENT 4 PERCENT; BELOW POVERTY LEVEL 16.8 PERCENT. DEMOGRAPHICS OF HARALSON COUNTY (DESIGNATED AS A PARTIAL MEDICALLY UNDERSERVED AREA, COMMUNITY SERVED BY HIGGINS GENERAL HOSPITAL): POPULATION 29,792; DIVERSITY 90.9 PERCENT CAUCASIAN, 4.7 PERCENT AFRICAN AMERICAN, 1.8 PERCENT HISPANIC; AVERAGE INCOME 46,353; UNINSURED 15 PERCENT; UNEMPLOYMENT 3.9 PERCENT; BELOW POVERTY LEVEL 15.9 PERCENT. DEMOGRAPHICS OF HEARD COUNTY (DESIGNATED AS A MEDICALLY UNDERSERVED AREA, COMMUNITY SERVED BY TANNER MEDICAL CENTER/CARROLLTON): POPULATION 11,923; DIVERSITY 84.7 PERCENT CAUCASIAN, 9.8 PERCENT AFRICAN AMERICAN, 2.8 PERCENT HISPANIC; AVERAGE INCOME 48,094; UNINSURED 15 PERCENT; UNEMPLOYMENT 3.9 PERCENT; BELOW POVERTY LEVEL 17.1 PERCENT.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	IN FISCAL YEAR 2020, TANNER MEDICAL CENTER, INC. PROVIDED MORE THAN 15.8 MILLION IN COMMUN ITY BENEFIT SERVICES, INCLUDING CHARITY CARE AT COST AND A RANGE OF DIVERSE PROGRAMS DESIG NED TO ENHANCE ACCESS AND PROMOTE THE HEALTH OF THE COMMUNITY. AS A NONPROFIT ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES, TANNER MEDICAL CENTER, IN C. REINVESTS ALL OF ITS SURPLUS FUNDS FROM ITS OPERATING AND INVESTMENT ACTIVITIES TO IMPR OVE ACCESS TO CARE, EXPAND AND REPLACE EXISTING FACILITIES AND EQUIPMENT, INVEST IN TECHNO LOGICAL ADVANCEMENTS, SUPPORT COMMUNITY HEALTH PROGRAMS AND ADVANCE MEDICAL TRAINING, EDUC ATION AND RESEARCH. MEDICAL STAFF PRIVILEGES ARE OPEN TO PHYSICIANS WHOSE EXPERIENCE AND T RAINING ARE VERIFIED THROUGH A CREDENTIALING PROCESS. THE PROCESS GATHERS AND VERIFIES CRE DENTIALS, ALLOWS THE MEDICAL STAFF TO EVALUATE APPLICANT'S QUALIFICATIONS, PREVIOUS EXPERI ENCE AND COMPETENCE, AND TO ULTIMATELY MAKE A DECISION TO GRANT OR DENY MEDICAL STAFF PRIV ILEGES. TO THE BENEFIT OF THE COMMUNITY, TANNER MEDICAL CENTER, INC. IS GOVERNED BY A BOAR D 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 TANNER MEDICAL CENTER, INC. BOARD OF DIRECTORS IS RESPON SIBLE FOR ENSURING THAT THE HEALTH SYSTEM DEVELOPS PROGRAMS TO ADDRESS THE DISPROPORTIONAT E UNMET HEALTH RELATED NEEDS OF THE COMMUNITIES IT SERVES, ALONG WITH ENSURING THE DEVELOP MENT OF COMMUNITY BENEFIT INITIATIVES TO PROMOTE THE BROAD HEALTH OF THE COMMUNITY. THE BO ARD ALSO ESTABLISHES KEY MEASURES OF SYSTEM WIDE COMMUNITY BENEFIT PERFORMANCE AND RECEIVE REGULAR REPORTS ON PROGRESS TOWARD ESTABLISHED GOALS. IN FULFILLING THESE RESPONSIBILITIE S, 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 STAKE HOLDERS WHO HAVE EXPERTISE IN AREAS SUCH AS THE CHARACTERISTICS AND HISTORY OF LOCAL COMMU NITIES WITH DISPROPORTIONATE UNMET HEALTH RELATED NEEDS, CLINICAL SERVICE DELIVERY, ANALYS IS OF SERVICE UTILIZATION AND POPULATION HEALTH DATA, PRIMARY PREVENTIVE HEALTH INITIATIVE S, SOCIAL SERVICES, YOUTH AND FAMILY SERVICES, FINANCE AND ACCOUNTING. THE COMMUNITY BENEF IT COMMITTEE OF THE BOARD PARTICIPATES IN THE PROCESS OF ESTABLISHING PROGRAM PRIORITIES B ASED ON COMMUNITY NEEDS AND ASSETS, DEVELOPING THE HOSPITAL'S COMMUNITY BENEFIT IMPLEMENTA TION STRATEGY AND MONITORING PROGRESS TOWARD IDENTIFIED GOALS. COVID 19 RESPONSE: ON MARCH 16, 2020, GOVERNOR KEMP DECLARED COVID 19 A PUBLIC HEALTH EMERGENCY FOR THE STATE OF GEOR GIA, EFFECTIVE MARCH 14, 2020, THE FIRST EVER PUBLIC HEALTH EMERGENCY DECLARED IN THE STAT E. TANNER'S EFFORTS TO RESPOND TO THE COVID 19 PUBLIC HEALTH EMERGENCY IN FY 2020 INCLUDED A VARIETY OF ACTIVITIES TO HELP ENSURE THE HIGHEST QUALITY OF CARE FOR OUR COMMUNITIES AN D SAFE WORK ENVIRONMENTS FOR OUR EMPLOYEES. THESE ACTIVITIES WERE CLEAR CHANGES TO OPERATI ONAL AND CLINICAL NORMS TARGETED TO IDENTIFY, ISOLATE, ASSESS, TRANSPORT, AND TREAT PATIEN TS WITH COVID 19 OR PERSONS UNDER INVESTIGATION FOR COVID 19. TANNER HEALTH SYSTEM EMPLOYE D A VARIETY OF EMERGENCY PROTECTIVE MEASURES AS A RESULT OF THE COVID 19 PANDEMIC, WITH A VARIETY OF ACTIVITIES AT EACH OF ITS HOSPITAL FACILITIES RELATED TO THE MANAGEMENT, CONTRO L, AND REDUCTION OF THE PANDEMIC'S IMMEDIATE THREAT TO PUBLIC HEALTH AND SAFETY, INCLUDING : ESTABLISHING AN EMERGENCY OPERATIONS CENTER (EOC) TO SERVE AS A PRIMARY HUB FOR THE COOR DINATION AND CONTROL OF COVID 19 RESPONSE EFFORTS TO QUICKLY AND MORE EFFICIENTLY RESPOND TO NEEDS AS THEY ARISE (I.E., STAFFING, SUPPLIES, TECHNOLOGY, EQUIPMENT) DIRECTLY RELATED TO COVID 19 AND DISSEMINATE CRITICAL INFORMATION TO TANNER LEADERSHIP, PHYSICIANS, CLINICA L STAFF AND OTHER EMPLOYEES; EMPLOYING MARKETING AND COMMUNICATIONS EFFORTS TO DISSEMINATE KEY INFORMATION TO THE PUBLIC TO PROVIDE WARNINGS AND GUIDANCE ON THE COVID 19 PANDEMIC; ESTABLISHING A CALL CENTER SPECIFIC TO COVID 19 FOR INFORMATION, REFERRALS AND SCREENING R ESOURCES; PURCHASING OF FOOD AND COVERING TEMPORARY LODGING COSTS FOR FRONT LINE HEALTHCAR E PROVIDERS WHO WERE TRIAGING AND CARING FOR POTENTIAL AND POSITIVE COVID 19 PATIENTS AS T HESE PROVIDERS WERE WORKING SUCH ABNORMAL AND LONG HOURS THAT GOING HOME AND/OR GOING OUT TO GET FOOD WAS NOT REASONABLE; INCREASING SECURITY OPERATIONS TO SUPPORT COVID 19 RESPONS E EFFORTS TO ENSURE POLICY COMPLIANCE AND SAFETY OF THE PUBLIC (I.E., VISITOR RESTRICTIONS , TEMPORARY FACILITY ACCESS, TESTING CENTERS, ETC.); AND INCREASING DISINFECTION EFFORTS A T EACH OF TANNER'S FACILITIES SPECIFICALLY TO COMBAT THE RISK OF SPREAD OF COVID 19. TANNE R IMPLEMENTED SEVERAL EMERGENCY MEDICAL CARE ACTIVITIES, INCLUDING: PURCHASING AND DISTRIB UTING COVID 19 DIAGNOSTIC TESTING EXAMS AND A VARIETY OF PERSONAL PROTECTIVE EQUIPMENT (FA CE SHIELDS, GLOVES, MASKS, GOWNS, SCRUBS); LEASING

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	ADDITIONAL RESPIRATORY EQUIPMENT (OXYGEN, RESPIRATORS, BIPAP) TO TREAT COVID 19 PATIENTS; RETROFITTING SEPARATE AREAS TO SCREEN AND TREAT INDIVIDUALS WITH SUSPECTED COVID 19 INFEC TIONS, INCLUDING ESTABLISHING TEMPORARY EXTERIOR PATIENT CARE FACILITIES OUTSIDE ITS EMERG ENCY DEPARTMENTS TO ASSESS POTENTIALLY LARGE NUMBERS OF PERSONS UNDER INVESTIGATION FOR CO VID 19 INFECTION; ESTABLISHING DRIVE THRU TESTING CENTERS AND ACUTE HOSPITAL TESTING CENTE RS; RETROFITTING EXISTING HOSPITAL ROOMS TO BECOME NEGATIVE PRESSURE ROOMS AT EACH HOSPITA L FACILITY; RENTING ADDITIONAL HOSPITAL BEDS TO INCREASE CAPACITY TO TREAT COVID 19 PATIEN TS; INCREASING MEDICAL WASTE DISPOSAL SERVICES AND CLEANING/DISINFECTION COSTS OF SCRUBS, MASKS, LINEN BAGS AND GOWNS; AND EXPANDING THE USE OF TELEHEALTH TECHNOLOGIES TO FURTHER S UPPORT PHYSICAL DISTANCING EFFORTS TO REDUCE VIRUS TRANSMISSION AND ENSURE CARE AVAILABILI TY TO THOSE WHO NEED IT MOST BY TRIAGING LOW RISK URGENT CARE, AND PROVIDING FOLLOW UP APP OINTMENTS FOR CHRONIC DISEASE AND BEHAVIORAL HEALTH PATIENTS WHO MAY REQUIRE ROUTINE CHECK INS. IN ADDITION, TANNER HEALTH SYSTEM WAS ONE OF ALMOST 2,200 HEALTH CARE SYSTEMS ACROSS THE COUNTRY THAT JOINED THE MAYO CLINIC EXPANDED ACCESS PROGRAM TO TEST THE EFFICACY OF C ONVALESCENT PLASMA - PLASMA FROM SOMEONE WHO HAS OVERCOME COVID 19 - TO HELP OTHER SICK PA TIENTS SURVIVE THE DISEASE OR RECOVER FASTER. TANNER ALSO QUICKLY ASSESSED ITS INVENTORIES OF CRITICAL INFECTION PREVENTION SUPPLIES AND CHEMICALS WHICH INCLUDED PANDEMIC DESIGNATE D SUPPLIES FROM ITS EMERGENCY PREPAREDNESS EFFORTS. PERSONAL PROTECTIVE EQUIPMENT (PPE) SU CH AS FACE MASKS, SHIELDS AND GOWNS - AS WELL AS CLEANING AND DISINFECTING MATERIALS - WER E AT THE TOP OF NOT ONLY TANNER'S LIST, BUT ALSO THAT OF MANY CONSUMERS AND OTHER HOSPITAL SYSTEMS. FOR THOSE HIGH PRIORITY NEEDS, TANNER FOUND SUPPORT CLOSE TO HOME FROM ITS COMMU NITY, INCLUDING INDIVIDUALS AND CORPORATE CITIZENS. FOR EXAMPLE, THOUSANDS OF CLOTH FACE M ASKS WERE HAND OR MACHINE STITCHED AND DONATED BY VOLUNTEERS THROUGHOUT THE REGION FOR USE BY PATIENTS AND STAFF. DOZENS OF NEIGHBORS VOLUNTEERED TO MAKE SPECIAL, PLASTIC FACE SHIE LDS FOR TANNER STAFF TO PROVIDE PROTECTION DURING PATIENT CARE FROM RESPIRATORY DROPLETS A SSOCIATED WITH COVID 19 AND KNOWN TO CARRY THE DISEASE. IN ADDITION, THOUSANDS OF MEALS WE RE DONATED FROM THE COMMUNITY TO SUPPORT FRONT LINE HEALTHCARE WORKERS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	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. CRITICAL ACCESS STATUS WAS GRANTED EFFECTIVE JANUARY 9, 2019. 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
SCHEDULE H, PART VI, LINE 7	GEORGIA

Additional Data

Software ID:

Software Version:

EIN: 58-1790149

Name: TANNER MEDICAL CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	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.

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 3E	THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IS IDENTIFIED AND THE METHODOLOGY FOR PRIORITIZING EACH NEED IS DESCRIBED ON PAGE 76 OF THE 2019 CHNA.
FACILITY 1, TANNER MEDICAL CENTER, INC. - PART V, LINE 5	TANNER'S FY 2019 CHNA PROCESS INVOLVED LOCAL RESIDENTS, COMMUNITY PARTNERS AND STAKEHOLDERS, ALONG WITH HOSPITAL LEADERSHIP. EACH HOSPITAL'S CHNA WAS LED BY A TEAM COMPRISED OF MEMBERS OF TANNER'S GET HEALTHY, LIVE WELL COALITION THAT INCLUDED HOSPITAL LEADERS, COMMUNITY ACTIVISTS, RESIDENTS, FAITH BASED LEADERS, HOSPITAL REPRESENTATIVES, PUBLIC HEALTH LEADERS AND OTHER STAKEHOLDERS. COALITION MEMBERS USED POPULATION LEVEL DATA AND FEEDBACK FROM COMMUNITY FOCUS GROUPS AND LISTENING SESSIONS TO CREATE RECOMMENDATIONS FOR EACH HOSPITAL'S HEALTH PRIORITIES, POTENTIAL IMPLEMENTATION STRATEGIES AND TO IDENTIFY KEY PARTNERS. NEARLY 135 PEOPLE WERE INVOLVED IN THE CHNA PROCESS, INCLUDING THOSE WHO PARTICIPATED IN COMMUNITY FOCUS GROUPS, A LISTENING SESSION OR KEY INFORMANT INTERVIEW. THE KEY INFORMANT INTERVIEWS, 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 OR INDIVIDUALS OR ORGANIZATIONS REPRESENTING THE INTERESTS OF SUCH POPULATIONS ALSO PROVIDED INPUT.

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/VILLA RICA 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.
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.
FACILITY 1, TANNER MEDICAL CENTER, INC. - PART V, LINE 11	TANNER'S PRIORITY TOPICS FOR THE FY 2020-2022 IMPLEMENTATION STRATEGY WERE: (1) ACCESS TO CARE; (2) HEALTHY AND ACTIVE LIFESTYLES AND EDUCATION; (3)CHRONIC DISEASE EDUCATION, PREVENTION AND MANAGEMENT; (4) MENTAL/BEHAVIORAL HEALTH; (5) SUBSTANCE ABUSE; AND (6) SOCIAL DETERMINANTS OF HEALTH. 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 2016 CHNA, SEE THE FY 2019 CHNA, IN THE COMMUNITY IMPACT SECTION, LOCATED ON TANNER'S WEB SITE AT HTTPS://WWW.TANNER.ORG/COMMUNITY HEALTH NEEDS ASSESSMENT. AS AN OUTCOME OF THE PRIORITIZATION PROCESS FOR THE FY 2016 CHNA, 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 2020 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 WAS NOT ADDRESSED AS A PRIMARY NEED IN THE FY 2020-2022 IMPLEMENTATION STRATEGY. TANNER HAS CONTINUED 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.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TANNER MEDICAL CENTER INC

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 . . . . . ▶ 5

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	56,700				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	200,001				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

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**		
2	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 on Line 1a?	**2**		
3	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.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	JIM GRIFFITH 9,390 0 0 WILLIAM WATERS, M.D. 702,873 0 0 LOY HOWARD 0 106,708 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. A PAYMENT WAS MADE TO THE CEO THAT REPRESENTS AMOUNTS EARNED OVER THE COURSE OF 10 YEARS. THE ANNUAL AMOUNTS WERE HELD IN A DEFERRED COMPENSATION AND RETENTION PLAN DESIGNED TO ENSURE THE EXECUTIVE'S CONTINUED EMPLOYMENT WITH THE HOSPITAL SYSTEM. ALL REMAINING AMOUNTS UNDER THE PLAN WERE RELEASED IN THE 2019 TAX 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 819,654, 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 EXECUTIVE TEAM 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 AND ARE ACHIEVEMENT BASED. ANNUAL INCENTIVES INTENDED TO SUPPLEMENT RETIREMENT BUT PAID ANNUALLY ARE CURRENTLY IN PLACE FOR CAROL CREWS, CFO AND BENJAMIN CAMP, CMO. THESE WERE APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE AND REVIEWED BY AN INDEPENDENT CONSULTANT.

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	(i)							
	(ii)	700,875	39,363	445,391	11,854	11,947	1,209,430	
1DENISE TAYLOR CCH	(i)	162,593	37,018	345	8,050		208,006	
	(ii)	120,177	27,361	255	5,950		153,743	
2GREG SCHULENBURG CIO/COO AS OF 3/20	(i)	256,959	40,934	450	7,171	6,237	311,751	
	(ii)	69,042	30,255	150	5,300	4,610	109,357	
3DEBORAH MATTHEWS CNO	(i)	186,923	39,455	345	8,050	6,092	240,865	
	(ii)	138,160	29,162	255	5,950	4,502	178,029	
4SUSAN FOX SVP, TMG	(i)	189,967	42,823	345	8,050	6,533	247,718	
	(ii)	140,410	31,651	255	5,950	4,828	183,094	
5WAYNE SENFELD SR. VP, BUS DEV	(i)	230,630	49,957	6,310	7,361	7,117	301,375	
	(ii)	170,466	36,924	4,664	5,441	5,261	222,756	
6JIM GRIFFITH FORMER COO	(i)			5,399			5,399	
	(ii)			3,991			3,991	
7QUIANA SCOTLAND MD PHYSICIAN	(i)	569,808	51,609	13,100	11,028	3,952	649,497	
	(ii)							
8ALYSSIA HOWARD MD PHYSICIAN	(i)	535,648	51,609	40,460	11,075	5,446	644,238	
	(ii)							
9CAROL CREWS CFO	(i)	260,443	55,718	43,231	8,022	6,705	374,119	
	(ii)	192,502	41,183	31,953	5,929	4,956	276,523	
10BEN CAMP MD VP, MEDICAL AFFAIRS	(i)	288,095	62,431	345	7,524	6,651	365,046	
	(ii)	212,940	46,144	255	5,561	4,916	269,816	
11TUNICIA GIRON MD PHYSICIAN	(i)	566,306	51,609	19,033	12,150	8,453	657,551	
	(ii)							
12ANNA HARRIS MD PHYSICIAN	(i)	690,087	100	600	12,317	4,089	707,193	
	(ii)							
13RICHIE BLAND MD PHYSICIAN	(i)	745,542	100	106,754	14,000	9,617	876,013	
	(ii)							
14WILLIAM HINES CONTRACT CAO	(i)	423,813	93,239	97,688			614,740	
	(ii)	141,271	31,080	32,563			204,914	
15WILLIAM WATERS MD FORMER CMO	(i)			404,152			404,152	
	(ii)			298,721			298,721	
16LOY HOWARD CEO	(i)	571,093	122,222	1,150,376	80,332	7,221	1,931,244	
	(ii)	422,112	90,338	850,278	59,376	5,338	1,427,442	
17PAUL PERROTTI PAST COO (LEFT 1/20)	(i)	175,250	15,505	20,125	6,073	4,486	221,439	
	(ii)	129,533	11,460	14,875	4,489	3,316	163,673	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TANNER MEDICAL CENTER INC

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 2010 SERIES BONDS	58-1790149	144709GC0	08-31-2010	81,569,188	CONSTRUCTION		X		X		X
B	CARROLL CITY-COUNTY HOSP AUTHORITY 2015 SERIES BONDS	58-1790149	144709GGI	07-01-2015	71,560,000	CONSTRUCTION		X		X		X
C	CARROLL CITY-COUNTY HOSP AUTHORITY 2016A SERIES BONDS	58-1790149	144709HB1	03-01-2016	26,255,000	REFUNDING SERIES 2008 BONDS		X		X		X
D	CARROLL CITY-COUNTY HOSP AUTHORITY 2016B SERIES BONDS	58-1790149	144709HW5	09-26-2016	36,855,000	REFUNDING SERIES 2010 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	28,304,188	1,415,000	950,000	565,000
2	Amount of bonds legally defeased	36,855,000			
3	Total proceeds of issue	81,569,188	75,846,532	29,251,274	41,148,747
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	35,910,031		28,827,106	40,650,485
7	Issuance costs from proceeds	657,030	429,360	424,168	528,262
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	45,002,127	75,000,000		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012	2016	2008	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
DIFFERENCES IN ISSUE PRICE EXPLANATION	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.

Return Reference	Explanation
DIFFERENCES IN ISSUE PRICE EXPLANATION	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.

Return Reference	Explanation
DIFFERENCES IN ISSUE PRICE EXPLANATION	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.

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	CARROLL CITY-COUNTY HOSP AUTHORITY CONSTRUCTION

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	CARROLL CITY-COUNTY HOSP AUTHORITY CONSTRUCTION

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	CARROLL CITY-COUNTY HOSP AUTHORITY REFUNDING SERIES 2008 BONDS

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	CARROLL CITY-COUNTY HOSP AUTHORITY REFUNDING SERIES 2010 BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
TANNER MEDICAL CENTER INC

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 HOSPITAL AUTHOR 2019A REVENUE BONDS	58-1790149	NONENONEN	03-01-2019	10,000,000	ACQUISITION OF HOSPITAL EQUIPMENT		X		X		X
B	CARROLL CITY-COUNTY HOSP AUTHORITY 2019B REVENUE BOND	58-1790149	NONENONEN	12-12-2019	25,000,000	ACQUISITION OF HOSPITAL EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,015,928	1,114,989		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,000,000	25,000,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,000,000	25,000,000		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2019	2019		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	CARROLL CITY-COUNTY HOSPITAL AUTHORI ACQUISITION OF HOSPITAL EQUIPMENT

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	CARROLL CITY-COUNTY HOSP AUTHORITY ACQUISITION OF HOSPITAL EQUIPMENT

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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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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	226,027	AMBULANCE SERVICE		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.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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 EDUCATIO N, 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	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 I NCLUDING PHYSICIAN OFFICES. AS A NOT FOR PROFIT CORPORATION, TANNER PROVIDES SERVICES TO P ATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR THESE SERVICES. SEE SCHEDULE O TANNER MEDIC AL CENTER, INC. IS A REGIONAL HEALTHCARE PROVIDER WITH MORE THAN 300 PHYSICIANS REPRESENTI NG 35 UNIQUE MEDICAL SPECIALTIES. TANNER PROVIDES A WIDE RANGE OF COMPREHENSIVE MEDICAL SE RVICES FOR RESIDENTS IN A REGION OF WEST GEORGIA AND EAST ALABAMA. TANNER'S FACILITIES INC LUDE 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 MED ICAL CENTER, INC. IS AVAILABLE IN THE HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT, WHI CH CAN BE DOWNLOADED AT HTTP://WWW.TANNER.ORG/MAIN/HEALTHLIVINGMAGAZINE.ASPX TANNER MEDICA L CENTER, INC. IS A NOT-FOR-PROFIT HEALTHCARE SYSTEM. THE MEDICAL CENTER PROVIDES INPATIEN T, OUTPATIENT AND EMERGENCY CARE SERVICES TO RESIDENTS OF WEST GEORGIA AND SURROUNDING ARE AS. ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA AND EMPLOYED PHYSIC IANS. 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.

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 PROVIDIN G MANAGEMENT SERVICES TO TANNER. CYPRESS HEALTHCARE PARTNERS, LLC ASSIGNED WILLIAM HINES A S CHIEF ADMINISTRATIVE OFFICER. SERVICE PROVIDED BY WILLIAM HINES INCLUDES DIRECTING VARIO US DEPARTMENTAL OPERATIONS (TMC ENGINEERING, DIETARY, HUMAN RESOURCES ETC.), MANAGING PHYS ICIAN 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 FO RM 990 AND CONSULTS WITH THE CFO AND COMPLIANCE OFFICER ON CERTAIN MATTERS. PRIOR TO FILIN G WITH THE IRS, A DRAFT COPY AS PREPARED BY THE EXTERNAL ACCOUNTING FIRM IS REVIEWED BY TH E CFO FOR ACCURACY. ONCE CORRECTIONS ARE MADE, THE FINAL VERSION IS DISTRIBUTED TO ALL VOT ING 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 COMPENSATIO N PACKAGES FOR ALL SENIOR MANAGEMENT. TMC USES AN OUTSIDE NATIONALLY KNOWN COMPENSATION AN D BENEFITS FIRM THAT USES SURVEY INFORMATION, REVIEWS JOB STANDARDS, ETC. FOR ALL SENIOR M ANAGEMENT. THE OUTSIDE FIRM ANALYZES COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND PRESE NTS THE DATA TO THE COMPENSATION COMMITTEE. WITH RESPECT TO DELIBERATIONS AND DECISIONS RE GARDING THE COMPENSATION ARRANGEMENT, OFFICIAL MINUTES ARE KEPT. THE EXECUTIVE ASSISTANT T O 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 11,915,182 0 0 CONTRACT SERVICES 4,777,416 3,785,583 0 PURCHASED SERVICES 4 ,331,146 10,211,408 0 CONSULTANT FEES 45,771 961,692 0 OTHER FEES 15,696 304,498 0 COLLECT ION FEES 0 2,933,901 0 TOTAL 21,085,211 18,197,082 0

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	81,532	5,240,848	TMC
(2) TANNER BEHAVIORAL HEALTH MGMT CO LL 705 DIXIE STREET CARROLLTON, GA 30117 81-3549718	HEALTHCARE	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	(g) 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)HEALTHLIANT INC 705 DIXIE STREET CARROLLTON, GA 301173818 58-1790151	HEALTHCARE	GA	501C3	12B	NA		No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)HEALTHLIANT ENTERPRISES INC 705 DIXIE STREET CARROLLTON, GA 301173818 82-4529412	HEALTHCARE	GA	N/A						No
(2)WEST GEORGIA ENDOSCOPY CTR LLC 160 CLINIC AVENUE CARROLLTON, GA 30117 75-3182533	ENDOSCOPY	GA	N/A	S CORP	415,416	678,750	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.

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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	56,700	FMV
TANNER MEDICAL FOUNDATION INC	C	654,227	FMV
ALL ENTITIES	E	67,417,201	GENERAL LEDGER
ALL ENTITIES	L		VALUE UNDETERMINED
ALL ENTITIES	M		VALUE UNDETERMINED
ALL ENTITIES	O		VALUE UNDETERMINED
TANNER MEDICAL CENTER GROUP	Q	68,075,166	FMV