

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

2024
 Open to Public
 Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25
B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

Tanner Medical Center Group Return

Doing business as

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

705 Dixie Street

Room/suite

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

Carrollton

GA 30117-3818

D Employer identification number

80-0785570

E Telephone number

770-836-9580

G Gross receipts \$ 543,096,530**F** Name and address of principal officer:
 Loy Howard
 705 Dixie Street
 Carrollton GA 30117-3818
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

Stmt 1

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: www.tanner.org**H(c)** Group exemption number 9705**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1999**M** State of legal domicile: GA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To serve communities throughout West Georgia and East Alabama by offering a wide range of primary care and specialty practices.		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	38
		7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	695,963
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,189,039	3,778,652
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	502,015,611	521,908,988
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,249	-46,452
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,540,615	14,753,326
	12	522,712,016	540,394,514
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	107,733	88,890
	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)	186,141,583	209,433,184
	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)	278,210,055	292,831,836
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	464,459,371	502,353,910
	19 Revenue less expenses. Subtract line 18 from line 12	58,252,645	38,040,604
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	715,813,110	797,687,192
	22 Net assets or fund balances. Subtract line 21 from line 20	425,624,619	469,458,097
	22	290,188,491	328,229,095

Part II Signature Block

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

Sign Here

Signature of officer

Carol Crews

CFO

Date

Type or print name and title

Paid**Preparer****Use Only**

Preparer's name

William Edward Phillips

Preparer's signature

Date

 Check ☐ if PTIN
 self-employed P00451499

Firm's name

Draffin & Tucker LLP

Firm's EIN

58-0914992

Firm's address

 PO Box 71309
 Albany, GA 31708-1309

Phone no.

229-883-7878

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

To serve communities throughout West Georgia and East Alabama by offering a wide range of primary care and specialty practices.

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 \$ 228,617,368 including grants of \$ 88,890) (Revenue \$ 137,569,878)
 Tanner Medical Center, Inc. Group physicians offer a wide range of medical specialties, including interventional and non-interventional cardiology, family medicine, gastroenterology, general surgery, infectious diseases, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry, pulmonary and critical care medicine, surgical breast care and vascular surgery.
 Tanner Hospice Care provides hospice care services to communities throughout west Georgia regardless of ability to pay.
 Tanner Home Health provides home health care to communities throughout west Georgia regardless of ability to pay.

4b (Code:) (Expenses \$ 45,202,580 including grants of \$) (Revenue \$ 52,118,010)
 TMC/Higgins General Hospital, Inc. provides medical services which include inpatient, outpatient, swing bed, and ancillary services. As a not for profit corporation, the organization provides services to patients regardless of their ability to pay for these services.

4c (Code:) (Expenses \$ 214,317,937 including grants of \$) (Revenue \$ 344,946,120)
 TMC/Villa Rica Hospital, Inc. (Villa Rica) operates a 53-bed acute care hospital that serves the residents of Carroll, Douglas, and Paulding counties and other West Georgia communities. Villa Rica also operates a 92-bed inpatient psychiatric facility that serves patients from all across the United States.

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

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

4e Total program service expenses 488,137,885

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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		X
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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	X
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	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

	1a	12	1b	10	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
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?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
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?					X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
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 on Schedule O						X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on 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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

19 Describe on 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 **100 Greenway Blvd.**
Carrollton **GA 30117** **770-812-8282**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) Loy Howard CEO	23.00 17.00	X		X				1,548,300	1,144,395	232,596
(2) Shazib Khawaja, M.D. Physician	40.00 0.00					X		1,943,900	0	27,897
(3) Chris Arant, MD Director/Physician	2.00 40.00	X						0	1,521,009	22,758
(4) Carol Crews CFO	23.00 17.00			X				735,433	543,582	24,690
(5) Mitchell Rauch, MD Physician	40.00 0.00					X		1,217,980	0	24,213
(6) Jim Griffith COO	23.00 17.00			X				561,553	415,060	24,919
(7) Wayne Senfeld Sr. VP, Bus Dev	23.00 17.00			X				537,940	397,608	24,196
(8) Ben Camp, M.D. VP, Medical Affairs	23.00 17.00			X				524,737	387,848	25,354
(9) Greg Schulenburg CIO	23.00 17.00			X				508,644	375,955	25,157
(10) Tiffany Stanfill, MD Physician	40.00 0.00					X		837,963	0	15,757
(11) John Pezold, MD Physician	40.00 0.00					X		831,915	0	19,488

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) Christopher Powell, MD Physician	40.00 0.00					X		787,377	0	20,796
(13) Clint Hoffman SVP/TMG	23.00 17.00			X				291,779	215,663	67,395
(14) Bonnie Boles, MD CMIO	30.00 10.00			X				285,581	211,081	17,558
(15) Eric Dalton SVP/Operations	23.00 17.00			X				218,204	161,281	54,040
(16) Michelle Hoehn CNO	23.00 17.00			X				198,614	146,801	24,503
(17) Paula Gresham Admin Willowbrooke	0.00 40.00				X			0	274,140	19,262
(18) Jerry Morris Administrator	0.00 40.00				X			0	264,599	19,791
(19) Steve Adams Director	2.00 0.00	X						0	0	0
1b Subtotal								11,029,920	6,059,022	690,370
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								11,029,920	6,059,022	690,370

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 **366**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
Northwest GA Oncology Ctrs Marietta GA 30060	531 Roslane St Suite 710 Oncology Svcs	6,814,373
Apogee Medical Mgmt Scottsdale AZ 85254-2685	15059 N. Scottsdale Rd Suite 600 Physicians	5,232,623
Atlanta Neuroscience Oncology Center Baltimore MD 21210-2401	0 Blythewood Road Consultants	3,682,319
Emory Clinic, Inc Atlanta GA 30368	P O Box 117706 Physician	2,387,022
Emcare Physician Services, Inc. Chicago IL 60693	70362 Collection Center Dr. Physician Servi	1,291,870

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

5

Part VIII Statement of RevenueCheck 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	46,571				
	e Government grants (contributions)	1e	355,171				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,376,910				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,778,652			
Program Service Revenue	2a Net Patient Service Revenue	Business Code	623000	521,212,025	521,212,025		
	b Reference Lab - Higgins		621500	390,734		390,734	
	c Reference Lab - VR		621500	306,229		306,229	
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			521,908,988			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,140		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental inc. or (loss)							
d Net rental income or (loss)				-9,750	-9,750		
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales exps.							
c Gain or (loss)							
d Net gain or (loss)				-47,592			-47,592
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a Non-Patient Pharmacy Revenue	Business Code	621990	11,753,234	11,753,234		
	b Incentives		621910	1,575,782	1,575,782		
	c Cafeteria		722514	775,333		775,333	
	d All other revenue		621990	658,727	102,717	556,010	
	e Total. Add lines 11a-11d			14,763,076			
	12 Total revenue. See instructions			540,394,514	534,634,008	696,963	1,284,891

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	88,890	88,890		
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	11,209,315	1,543,767	9,665,548	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	180,004,105	179,206,317	797,788	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,064,024	5,835,561	228,463	
9 Other employee benefits	110,293	86,170	24,123	
10 Payroll taxes	12,045,447	11,537,260	508,187	
11 Fees for services (nonemployees):				
a Management	3,591,088	3,591,088		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	35,578,278	33,379,467	2,198,811	
12 Advertising and promotion	155,988	155,988		
13 Office expenses	19,801,403	19,732,045	69,358	
14 Information technology				
15 Royalties				
16 Occupancy	3,010,896	2,834,457	176,439	
17 Travel	654,332	617,850	36,482	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	437,130	426,090	11,040	
20 Interest	28,358		28,358	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,302,080	18,224,628	77,452	
23 Insurance	2,632,854	2,626,481	6,373	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Shared Services	110,384,036	110,384,036		
b Medical Supplies	90,455,029	90,455,029		
c Licenses	4,443,465	4,305,106	138,359	
d Repairs and Maintenance	1,015,901	955,279	60,622	
e All other expenses	2,340,998	2,152,376	188,622	
25 Total functional expenses. Add lines 1 through 24e	502,353,910	488,137,885	14,216,025	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,381,883	1	7,709,262
	2 Savings and temporary cash investments	30,201	2	25,201
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	57,274,728	4	59,092,017
	5 Loans and other receivables from 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		7	
	8 Inventories for sale or use	7,298,816	8	7,776,103
	9 Prepaid expenses and deferred charges	507,930	9	498,827
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 289,966,846		
	b Less: accumulated depreciation	10b 143,788,921	10c	146,177,925
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	5,762,195	14	3,491,133
	15 Other assets. See Part IV, line 11	497,463,219	15	572,916,724
16 Total assets. Add lines 1 through 15 (must equal line 33)	715,813,110	16	797,687,192	
Liabilities	17 Accounts payable and accrued expenses	22,505,312	17	23,325,175
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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		23	
	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	403,119,307	25	446,132,922
	26 Total liabilities. Add lines 17 through 25	425,624,619	26	469,458,097
	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		290,188,491	27	328,229,095
28 Net assets with donor restrictions			28	
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		290,188,491	32	328,229,095
33 Total liabilities and net assets/fund balances		715,813,110	33	797,687,192

Part XI Reconciliation of Net AssetsCheck 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	540,394,514
2	Total expenses (must equal Part IX, column (A), line 25)	2	502,353,910
3	Revenue less expenses. Subtract line 2 from line 1	3	38,040,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	290,188,491
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	328,229,095

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) Anna Berry	2.00									
(12) Director	0.00	X						0	0	0
(21) Lynn Clarke	2.00									
(13) Director	0.00	X						0	0	0
(22) Jeffrey Lindsey, DMD	2.00									
(14) Vice Chairman	0.00	X		X				0	0	0
(23) Richard Davis	2.00									
(15) Director	0.00	X						0	0	0
(24) Daniel Jackson	2.00									
(16) Chairman	0.00	X		X				0	0	0
(25) Karen Middlebrooks	2.00									
(17) Director	0.00	X						0	0	0
(26) Frederick O'Neal	2.00									
(18) Director	0.00	X						0	0	0
(27) Timothy Warren	2.00									
(19) Director	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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

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

SCHEDULE A
(Form 990)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

2024**Open to Public
Inspection**

Name of the organization

Tanner Medical Center Group Return

Employer identification number

80-0785570

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).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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 — 2023. 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
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.)		

Part IV Supporting Organizations (continued)**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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3** By reason of the relationship described on line 2, above, 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.

	Yes	No
1		
2		
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 governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, 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.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- 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.

	Yes	No
2a		
2b		
3a		
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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Public Inspection Copy

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 46,571	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 355,171	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 250,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 716,477	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 18,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 8,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 15,200	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		\$ 55,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 74,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		\$ 8,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		\$ 8,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		\$ 30,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		\$ 12,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		\$ 6,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		\$ 104,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 16,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		\$ 28,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		\$ 70,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		\$ 12,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		\$ 30,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 9,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58		\$ 154,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		\$ 8,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63		\$ 85,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 38,809	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
68		\$ 25,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69		\$ 41,068	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
70		\$ 19,875	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
71		\$ 400,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
72		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
74		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
75		\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
76		\$ 7,300	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
77		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
78		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80		\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
82		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83		\$ 12,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
86		\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
87		\$ 50,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
88		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
89		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
90		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
92		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
93		\$ 6,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
94		\$ 5,490	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
95		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
96		\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Tanner Medical Center Group Return	80-0785570

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

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 (for example, recreation or education) | ☐ Preservation of a 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 Tax 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 on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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 make 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 program

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 ☐ Yes ☐ No

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 %

c Term endowment %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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		10,886,874		10,886,874
b Buildings		190,703,764	89,418,146	101,285,618
c Leasehold improvements		9,282,142	5,027,609	4,254,533
d Equipment		74,748,201	49,343,166	25,405,035
e Other		4,345,865		4,345,865
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				146,177,925

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, line 12, col. (B))		

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, line 13, col. (B))		

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	566,005,551
(2) Other receivables	5,533,045
(3) Due from self insurance trust	937,526
(4) Third Party Settlements	440,602
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	572,916,724

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 related parties	443,830,458
(3) Third party settlements	1,309,696
(4) Finance lease liabilities	816,303
(5) Operating lease liabilities	176,465
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	446,132,922

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 FASB 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.

Part X - FIN 48 Footnote

The Medical Center, with the exception of Healthliant Enterprises, Inc., is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. The Medical Center applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Medical Center only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses. Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2025 and 2024 or for the years then ended. The Medical Center's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns

Part XIII Supplemental Information *(continued)*

essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns. Tanner Medical Group is part of a tax-exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code. The affiliated business services provided are, however, subject to unrelated business income taxes and a Form 990-T, Exempt Organization Business Income Tax Return is filed for these services.

**SCHEDULE H
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

HospitalsComplete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024Open to Public
Inspection

Employer identification number

80-0785570

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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%
- 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 _____%
- 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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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)			13,562,811		13,562,811	2.70
b Medicaid (from Worksheet 3, column a)			45,765,471	37,690,945	8,074,526	1.61
c Costs of other means-tested government programs (from Worksheet 3, column b)			778,402	686,232	92,170	0.02
d Total. Financial assistance and means-tested government programs			60,106,684	38,377,177	21,729,507	4.33
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,249,918	5,673	2,244,245	0.45
f Health professions education (from Worksheet 5)			88,883		88,883	0.02
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			627,049		627,049	0.12
j Total. Other benefits			2,965,850	5,673	2,960,177	0.59
k Total. Add lines 7d and 7j			63,072,534	38,382,850	24,689,684	4.91

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

DAA

Schedule H (Form 990) 2024

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					0	0.00
2 Economic development			30,000		30,000	0.01
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development			82,500		82,500	0.02
9 Other					0	0.00
10 Total			112,500		112,500	0.02

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 X	
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 40,896,387	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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 53,919,559	
6 Enter Medicare allowable costs of care relating to payments on line 5	6 48,256,295	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 5,663,264	
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 X	
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 X	

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				
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? 2

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):

[illegible]

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: ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2**Community Health Needs Assessment (CHNA)**

	Yes	No
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?		X
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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>25</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b 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	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a ☒ Hospital facility's website (list url): <u>www.tanner.org</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>25</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>www.tanner.org</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group: **A**

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % for eligibility for discounted care of <u>350</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☐ Underinsurance status		
g ☐ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	X	
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): <u>www.tanner.org</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>www.tanner.org</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>www.tanner.org</u>		
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 limited-English proficiency (LEP) populations		
j ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: A

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
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	X
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) on line 19 (check all that apply):		
a ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?	21	X	
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)**Name of hospital facility or letter of facility reporting group: **A****22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Yes No

23**X****24****X**

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.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 3e
Tanner's prioritized significant health needs identified in the CHNA for the FY 2025-2028 Implementation Strategy are:

- (1) Mental health services
- (2) Access to affordable healthcare
- (3) Chronic Diseases
- (4) Affordable, healthy housing
- (5) Access to affordable health insurance
- (6) Substance misuse
- (6) Healthy eating/active living for healthy weight

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 5
The GHLW coalition included hospital leaders and representatives, 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, online surveys, and key informant interviews to create recommendations for each hospital's health priorities.

They also used the CHNA to develop potential implementation strategies and to identify key partners. Over 300 people were involved in the CHNA process, including those who participated in community focus groups and online surveys.

Participants included 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 low-income, medically underserved and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input.

We completed our most recent CHNA in 2025.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 6a
The hospital facilities noted in Section A, facility reporting group "A" - Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica, and Higgins General Hospital - worked collaboratively to leverage existing assets and resources throughout Tanner's overall primary service area of Carroll, Haralson and Heard counties to assess the health needs of their communities.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 6b
Group A, Facility 2, TMC/Villa Rica Hospital, Inc. - Part V, Line 6b
Tanner Medical Group, 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.

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.

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
 TMC Immediate Care
 Villa Rica OB Gyn, Inc.
 TMC Tanner Gynecology, Inc.
 Tanner Primary Care of Heflin
 West Georgia Center for Plastic Surgery
 TMC Buchanan Family Healthcare Center, Inc.

Also, Tanner collaborated with the Northwest Georgia Health District in conducting the CHNA, sourcing locally available data and engaging with staff and district health department leadership to identify areas of need and practical approaches to address health concerns.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 7d
 In addition to being made available on Tanner's website, tanner.org, copies of the CHNA were sent 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. Tanner also provided paper copies for distribution upon request. Other communication efforts included presentations of assessment findings throughout the community.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 11
 Tanner's commitment to the community is rooted in its mission. The organization improves the community's health through daily patient care activities as well as outreach, prevention, education, and wellness opportunities.

With the help of community partners, Tanner has implemented programs that help west Georgia residents with the healthcare and preventive services they need. Below are the steps taken to meet the significant health needs identified in Tanner's FY 2022 CHNA.

Tanner Health's previous CHNA implementation plan addressed the priority needs of:

- Access to Care
- Mental/Behavioral Health Services
- Chronic Disease Education, Prevention and Management
- Health and Nutrition Education

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.

-Substance Misuse

-Social Determinants of Health

The sections below describe the goals for each priority with activities and results and impacts of each activity.

Significant Health Need Identified in Preceding CHNA

Improve Access to Care

1) Develop new clinical programs at Tanner Health System to expand treatment capabilities and ensure full continuum coverage and optimal disease management including but not limited to:

Cardiac surgery, electrophysiology, interventional cardiology

Cardiac services were substantially enhanced with the launch of cardiac surgery in FY2023, the hiring of a third interventional cardiologist at Villa Rica in FY2024, and ongoing recruitment for a second CT surgeon and EP physician scheduled to start July 1, 2025.

Expand thoracic surgery capacity

Thoracic surgery capacity was expanded with an additional cardiothoracic surgeon who began March 1, 2025, with a focus on thoracic procedures and robotics.

Orthopedics and spine

For orthopedics and spine care, an ambulatory surgery center was opened in FY2023, providing greater access to orthopedic, spine, and pain management services.

Active and independent living

No action steps taken.

Assisted living and memory care

Senior care services were enhanced with the addition of assisted living and memory care at The Birches on Maple in FY2024.

Innovative outpatient care models

As part of our commitment to innovative, patient-centered care, Tanner Health System has partnered with CareTrack, a trusted local provider, to implement a Remote Patient Monitoring (RPM) service that allows clinical teams across our entire health system to seamlessly refer patients for real-time tracking of vital signs and health metrics. This program focuses on supporting patients with congestive heart failure (CHF) and other high-risk individuals who are more susceptible to hospital readmissions. By enabling earlier intervention and proactive care between visits, RPM is helping improve outcomes, reduce emergency department utilization, and enhance the overall patient experience. Following the successful launch of a pilot program in early April, Tanner is planning a future-state project that will integrate RPM results directly into Epic, ensuring providers have easy access to actionable data within their existing workflows.

Site specific cancer programs

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.

Cancer programs saw meaningful improvements with the addition of more 3-D digital breast tomosynthesis to support growing breast cancer screening, the remodeling and expansion of image-guided radiation therapy with a new Varian TrueBeam, and the addition of a fourth medical oncologist in 2024.

Expansions of primary care in the region

Primary care access was substantially increased with the recruitment of 19 primary care providers (12 MDs and 7 APPs) over the last two years, resulting in a net growth of 4 MDs and 2 APPs. This expansion was supported by enlarging the Villa Rica (Mirror Lake) primary care location, adding a clinic adjacent to the Birches on Maple in Carrollton, and beginning construction on a new primary care clinic integrated into the Carrollton Urgent Care location to serve as a bridge for complex hospital discharge patients.

Others - Neurosurgery

Neurosurgical capabilities were introduced in FY2023 through collaboration with Legacy Brain & Spine.

Expand access to surgical services across the region

Surgical services were expanded across the region with increased robotic surgical capacity in FY2023 by converting an Si robot to an updated Xi, and extended hours of robotic availability in Villa Rica during FY2024.

Prepare and launch cardiac surgery while expanding electrophysiology and interventional cardiology

Cardiac capabilities were significantly enhanced with the launch of cardiac surgery in FY2023, the hiring of a third interventional cardiologist for Villa Rica in FY2024, and the planned addition of a second CT surgeon and EP physician starting July 1, 2025.

Open a new ASC in Carrollton, Georgia, to provide greater access to orthopedic and spine services

A new ambulatory surgery center was opened in Carrollton, Georgia in FY2023 to provide greater access to orthopedic, spine, and pain management services for the surrounding community.

Launch a gynecologic oncology surgical services program

No action steps taken.

Develop and implement plans for patient bed expansion at Tanner Medical Centers Carrollton and Villa Rica to support service line growth and access to care for the growing region

To accommodate service line growth and improve access to care for the growing region, construction began on June 3, 2024, for a new patient tower adding 97,000 square feet and 50 additional inpatient beds, with completion expected in 24 months.

2) Support and increase in the number of physicians and healthcare professionals in the region through recruitment and medical education

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.

support:

Continue to provide medical and nursing scholarships to students, ensuring Tanner will have a qualified pool of talent available for future recruitment

Tanner Health continues to provide medical and nursing scholarships to students, ensuring a qualified pool of talent for future recruitment. The Carrollton Auxiliary awarded \$5,000 in scholarships in 2023 and \$2,000 in 2024. Additionally, Tanner Health awarded multiple scholarships totaling \$9,000 in FY23, \$14,000 in FY24, and \$11,000 in FY25 to provide financial assistance for medical students and Advanced Practice Providers (APPs) and to enhance future recruitment opportunities. In FY2023, 5 students received scholarships. In FY2024, 2 students received scholarships. The Future of Healthcare Scholarships were distributed to 2 Medical Students and 3 APPs in FY2023, 4 Medical Students and 2 APPs in FY2024, and 2 Medical Students and 5 APPs in FY2025.

Continue to connect senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program with Tanner Get Healthy, Live Well (GHLW) to help them increase knowledge and gain skills in community health work. Tanner Health continues to connect senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program with Tanner Get Healthy, Live Well (GHLW). This program helps students increase knowledge and gain skills in community health work. GHLW staff provides senior nursing students with an orientation to the preceptorship program every Fall and Spring semester. Following orientation, students begin registering for community outreach classes and events at which they volunteer, including assisting with evidence-based class instruction, senior center activities, assisted living resident activities, community health screenings, and many more. Prior to graduation, each nursing student must complete a minimum of 10 volunteer hours with GHLW to fulfill program requirements. In FY2023, 170 students participated in the program, followed by 150 participants in FY2024, and 154 participants in FY2025.

Continue to develop and expand health career mentoring and internship programs, including Tanner Connections and Tanner Teen Institute programs. Tanner Health continues to develop and expand health career mentoring and internship programs, including Tanner Connections and Tanner Teen Institute programs. The Tanner Teen Institute serves up to 50 students each summer, providing both a volunteer opportunity and leadership training course that gives students a clear understanding of the career paths within the healthcare field. The program also teaches valuable job skills such as resume building, interview tips, and other soft skills necessary for professional development. To date, participants have contributed 4,000 total donated hours to the community through this initiative.

3) Decrease barriers to care through patient transportation services

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.

Continue the implementation of Tanner Cancer Care's Cancer Patient Transportation Program

No action steps have been taken to continue implementation of this initiative during this reporting period.

Continue to provide indigent patient transportation services to area residents who have been discharged home from the hospital, supported by Tanner Medical Foundation's Indigent Taxi Fund

The Tanner Medical Foundation has continued to provide indigent patient transportation services to area residents discharged from the hospital. During FY2023 (July 1, 2022 to June 30, 2023), the Foundation provided 39 patients with transportation assistance, resulting in 117 trips to and from medical appointments, treatments, and other healthcare services. In FY2024, the Tanner Medical Foundation provided 7 patients with gas cards to help address transportation needs.

Work in partnership with public safety, local government, transportation agencies, etc. to achieve convenient, low-cost transportation options
In terms of partnerships with public safety, local government, and transportation agencies to achieve convenient, low-cost transportation options, Tanner Health currently has no support for transportation in the community for those without payment outside of west Georgia.

Increase access to care for the uninsured and underinsured
To increase access to care for the uninsured and underinsured, Tanner Health made significant improvements to the financial assistance application process in 2023. The entire application process, from start to finish including document uploading, can now be completed electronically through MyChart, making it easier for patients to apply for financial assistance.

Continually evaluate and broadly communicate financial assistance and self-pay discount policies and practices to ensure optimal access for qualifying patients
Tanner Health has also focused on evaluating and communicating financial assistance and self-pay discount policies to ensure optimal access for qualifying patients. When sharing estimates or amounts due with uninsured patients, staff clearly communicate the automatic discount these patients will receive. The financial assistance policy, which is publicly posted, reflects this uninsured discount, and the uninsured balance due statements show the self-pay discount that reduces total billed charges.

4)Continue to provide support to local community-based indigent clinics

Continue partnership with a national nonprofit to provide low-cost medications to low-income individuals

Project continues with this community health improvement plan.

5)Utilize health information technology to improve population health outcomes and healthcare quality

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.

Maximize Epic's potential for enhancing patient care, outcomes and clinician-user experience

Tanner Health maximized Epic's potential by implementing MyChart Bedside in FY2024, enhancing the patient care experience by providing bedside access to health information. The same fiscal year saw the launch of MyChart Care Companion to support pregnancy care, giving expectant mothers tools to track their pregnancy journey and communicate with their care team.

Best Practice Advisories were also implemented in FY2024 to enhance patient outcomes by providing clinicians with evidence-based recommendations at the point of care. Healthy Planet and Compass Rose Epic were deployed to improve population health management capabilities, allowing for better tracking and intervention for at-risk populations.

Epic quality metrics implementation improved quality measurement and reporting capabilities.

In FY2025, enhanced Epic MyChart tools gave patients immediate access to their health information and resources to manage health issues, while improving communication with their care team via MyChart messaging.

Leverage Epic tools to improve end-user efficiency and patient engagement
To improve end-user efficiency and patient engagement, Tanner Health implemented ambient listening with Abridge in FY2024, enhancing patient experience by allowing clinicians to focus on the patient rather than documentation. This technology decreased provider burnout and cognitive load, creating more efficient workflows that improved patient access by opening up additional appointment availability.

Asynchronous e-visits were implemented in FY2024 to enhance patient access to care without requiring in-person visits.

That same year, Tanner Health deployed texting capabilities for surgery patients to receive preparation instructions and family updates, as well as for Emergency Department patients to improve efficiency and experience while waiting for triage.

Expand use of Epic's behavioral health module.

Tanner Health expanded the use of Epic's behavioral health module when Epic conducted an immersion site visit in FY2024 to identify opportunities for enhancement. Abridge ambient listening was implemented with many behavioral health providers, improving workflow efficiency and consequently increasing access for patients seeking mental health services.

Complete open heart Epic build and configuration.

The complete open heart Epic build and configuration was accomplished, with Tanner Health going live with open heart surgery on January 30, 2023, after completing all the necessary Epic build elements. This included perfusion workflows, orders, notes, ambulatory follow-up, point of care labs, and other essential components to support this advanced cardiac care service.

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.

Increase myChart activation for purpose of connecting patients to Tanner Medical Group to improve access to care
To increase MyChart activation and connect patients to Tanner Medical Group for improved access to care, Tanner Health implemented MyChart in FY2019 and created instructional videos distributed across social media platforms, newsletters, and Tanner@Work, Tanner's intranet portal.

Provider email promotions and messaging within MyChart highlighted key features to users. A contest among Tanner Medical Group practices encouraged activations. In-person activation assistance and multiple community presentations helped educate patients on the benefits. A comprehensive public social advertising campaign raised awareness, complemented by on-hold messaging, direct mail, print ads, best practices scripting for team members, bedside promotion, print collateral, website headers, and blogs.

6) Increase awareness of existing resources

Utilize educational outreach and enhanced networking/ partnerships to raise awareness of services and resources in the community to overcome barriers to care
In fiscal year 2023, Tanner Health expanded nutrition and chronic disease classes to reach more community members, including the Heard County Senior Center and Willowbrooke Outpatient in Carrollton. The organization also increased virtual class offerings to improve accessibility for those unable to attend in-person sessions.

These educational outreach efforts helped serve 913 people in 2023, representing a significant increase from the 640 individuals who attended similar classes in 2022.

In fiscal year 2024, Tanner Health integrated community resource guides into the Epic electronic health record system, creating a powerful tool to match patients with resources based on their specific identified needs. This technological enhancement streamlined the referral process and ensured healthcare providers could easily connect patients with appropriate community services.
Despite a slight decrease in class attendance to 717 people in 2024, other awareness initiatives were implemented to reach community members.

Tanner Health also developed and distributed information cards featuring the web address and hotline for the Healthy Haralson Resource Guide. These cards were strategically placed in all Tanner Medical Group clinics serving Haralson County residents.

Additionally, the distribution network extended beyond medical settings to include first responders, libraries, post offices, and various community partners throughout the county. A total of 2,000 information cards were distributed, significantly expanding awareness of available healthcare

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.

resources throughout the service area.

7) Establish Quality Journey to High Reliability Organization (HRO) to ensure continued delivery of quality care effectively, efficiently, and predictably.

Conduct HRO and Serious Safety event training
Tanner Health began its journey toward becoming a High Reliability Organization (HRO) by implementing comprehensive training and adopting the HPI Serious Safety Event classification system. This initiative started with training for Executives, Directors and Managers in 2022 and 2023.

A significant milestone was reached when a Just Culture Core Team of six members became certified to implement the program, with all team members completing their certification by July 2024.

By fiscal year 2024, Tanner Health had successfully educated departmental leadership, integrated the system into event review processes, and established plans for ongoing training to ensure new leaders would receive proper orientation to these critical safety practices.

Conduct Just Culture training and Culture of Safety Survey
The organization demonstrated its commitment to safety culture development by conducting a comprehensive Culture of Safety Survey in fiscal year 2023. Following the survey, Tanner Health promptly communicated results to staff and completed action planning based on the findings.

In fiscal year 2024, Just Culture training was assigned to all leaders, case study training was completed, and necessary algorithms were distributed throughout the organization.

This sustained focus on safety culture has yielded measurable improvements, with Press Ganey Safety Culture scores steadily increasing from 4.01 in FY2023 to 4.04 in FY2024, and further improving to 4.13 in FY2025, placing Tanner Health in the 74th percentile compared to peer organizations.

7) Enhance Ambulance Services throughout the region.

Enhance emergency ambulance services
Tanner Health significantly enhanced emergency ambulance services beginning in FY2021 with the acquisition of West Georgia Ambulance, followed by substantial improvements in FY2025. These improvements included increasing the number of Emergency 911 Contract ambulances from six to seven, installing Stretcher Power Lift devices in five of the seven current 911 trucks to provide a much safer loading process for patients and EMS personnel, purchasing three new ambulances to replace current 911 units, replacing all 800 MHz portable radios for all personnel, and increasing salaries to market level while adding staff.

Expand patient transport services between Tanner facilities

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.

To expand patient transport services between Tanner Health facilities, in FY2025 the organization began the process of upgrading all Non-Emergency Trucks (NET) from Basic Life Support (BLS) to Advanced Life Support (ALS) and shifted their focus to Inter Facility Transport (IFT) trucks, allowing for more comprehensive care during patient transfers between facilities.

Expand Paramedic Home Visitation Program

Tanner Health expanded its Paramedic Home Visitation Program, implementing the Community Paramedic Home Visitation Program in FY2024 and reorganizing it in FY2025 to focus on the discharged patient population, including those with CHF and other chronic illnesses where there was a high percentage of readmission. During FY2025, the program saw 108 patient referrals with 51 initial visits and 148 follow-up visits, while only 7 patients refused participation. Importantly, the program achieved a 34% rate of no readmissions for participating patients, demonstrating its effectiveness in reducing hospital returns.

8) Increase access to mental/behavioral health services and support in the community

Focus on rapid mental health access and specialized psychiatric services
Tanner Health has focused on rapid mental health access and specialized psychiatric services with impressive results. The Behavioral Health Urgent Care opened in FY2024 and served 5,339 patients that fiscal year. The momentum has continued with 2,934 patients seen in FY2025 year-to-date, demonstrating the critical need for these services in our community.

Develop additional rapid mental health access points

To develop additional rapid mental health access points, Tanner Health expanded hours in FY2025 to include weekend access on both Saturday and Sunday. This expansion ensures that community members experiencing mental health concerns have options for care even outside traditional business hours, reducing barriers to timely intervention.

Establish specialized access points for care at each campus

Tanner Health has established specialized access points for care at each campus, most notably opening a Behavioral Health Urgent Care at the Villa Rica campus in FY2025. This strategic placement of services ensures that mental health resources are geographically accessible across the service area.

Identify opportunities to expand Willowbrooke at Tanner's inpatient and outpatient services

Identifying opportunities to expand Willowbrooke at Tanner's inpatient and outpatient services has been a priority. In FY2024, 12 new providers were added, and 12 new offices were opened in Villa Rica for outpatient care. This significant expansion increases the capacity to serve patients with varying levels of mental health needs.

Utilize telemedicine-psych to enhance access for better and faster patient

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.

care

Tanner Health has utilized telemedicine-psych to enhance access for better and faster patient care, adding 11 new providers specifically for the telehealth service. This technology-enabled approach helps overcome transportation barriers, provides flexibility in scheduling, and extends the reach of specialized providers.

In partnership with area school systems, continue Willowbrooke at Tanner's school-based behavioral health therapy services and expand to additional schools within the region

In partnership with area school systems, Tanner Health continues Willowbrooke at Tanner's school-based behavioral health therapy services and has expanded to additional schools. In FY2025, contracts were established to service each individual school within both the Carroll County school district and the Carrollton City school district, ensuring that youth have access to mental health support where they spend much of their time.

Recruit additional providers for the Cartersville, Carrollton and Villa Rica campuses

Recruitment of additional providers for various campuses has been strategic. During FY2024 and the beginning of 2025, Tanner Health closed the Cartersville location and moved physicians to Villa Rica, while adding 10 new providers overall. This consolidation and growth strategy optimizes resources while expanding the provider network.

Continue development of specialized psychiatric services

FY2025 started specialized services for college student psychiatric, healthcare workers, cancer care, women's services, neuro-psychiatric, child and adolescent services, addiction services, and immediate care clinic.

Expand child & adolescent inpatient access

Expanding child and adolescent inpatient access has been achieved in FY2025 by expanding bed access to full capacity. The average daily census increased from 13.9 in FY2024 to 15.7 in FY2025 year-to-date, reflecting both the need for and availability of these critical services for young people.

Expand outpatient clinics

Outpatient clinics have seen significant expansion. On February 3, 2025, Tanner Health opened newly renovated and expanded clinics for the Counseling Center and Psychiatric Center in Mirror Lake, as well as newly expanded clinics/services at 101 Doctors Drive and the new Immediate Care Clinic at 20 Herrell Road. These physical space improvements enhance the environment of care and allow for increased patient volume.

Continue to expand services through Willowbrooke Psychiatric Center & Willowbrooke Counseling Center

Tanner Health continues to expand services through Willowbrooke Psychiatric Center and Willowbrooke Counseling Center, with ongoing further integration

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.

into 2025. All locations have expanded physical office space for use, ensuring that facilities can accommodate the growing demand for mental health services across the continuum of care.

9) Establish Department of Women's Mental Health

Identify dedicated psychiatric providers specializing in Women's Mental Health Services

Tanner Health has successfully identified and recruited dedicated psychiatric providers who specialize in Women's Mental Health Services. During fiscal year 2024, specialized mental health services for women were introduced in Carroll County, with the addition of five new providers who bring expertise specifically tailored to address women's unique mental health needs. This strategic staffing expansion demonstrates Tanner Health's commitment to addressing the identified community need for specialized women's mental healthcare.

Partner with Tanner Medical Group's OB/GYN practices and Oncology Services to expand access to these services

Tanner Health has established meaningful partnerships with Tanner Medical Group's OB/GYN practices and Oncology Services to expand access to women's mental health services. During fiscal year 2024, these collaborative relationships were formalized, creating an integrated care approach that recognizes the interconnected nature of women's physical and mental health. These partnerships enable more streamlined referrals and coordinated care for women experiencing mental health challenges related to reproductive health, cancer diagnosis, treatment, and survivorship.

10) Integrate behavioral health and primary care

Continue expansion of and integration of behavioral health providers within Tanner Medical Group's primary care Patient-centered Medical Home (PCMH) practices

As of fiscal year 2024, every Tanner Medical Group primary care office now screens for depression and suicide risk. This universal screening protocol represents a significant advancement in early identification of mental health concerns, allowing for timely intervention and appropriate referrals when needed, ultimately improving patient outcomes through proactive care.

Tanner Health has focused on providing education to both the community and healthcare providers regarding specialized psychiatric services and rapid mental health access. This educational initiative increases awareness of available resources and helps reduce stigma surrounding mental health treatment, making it more likely that patients will seek care when needed.

Provide education to the community and providers on specialized psychiatric services and rapid mental health access

Dr. Heather Ford regularly meets with OB/GYNs to ensure proper coordination of care for patients requiring both obstetric/gynecological and psychiatric services. These collaborative discussions help address the unique mental

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.

health needs of women throughout various life stages, particularly during pregnancy and postpartum periods when psychiatric support may be especially critical.

Dr. Kenneth Genova maintains ongoing meetings with subspecialty service line leaders to assure access to mental health services as needed. This interdisciplinary approach ensures that patients receiving specialized medical care can also access appropriate psychiatric support, creating a more seamless healthcare experience and preventing mental health concerns from being overlooked in complex medical cases.

Continued on Schedule O.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 13b
In addition to looking at a multiple of the federal poverty guidelines, other factors are considered such as the patient's financial status and/or ability to pay as determined through the assessment process.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 13h
In addition to looking at a multiple of the federal poverty guidelines, other factors are considered such as the patient's financial status and/or ability to pay as determined through the assessment process.

Group A, Facility 2, TMC/Villa Rica Hospital, Inc. - Part V, Line 3e
Tanner's prioritized significant health needs identified in the CHNA for the FY 2025-2028 Implementation Strategy are:

- (1) Mental health services
- (2) Access to affordable healthcare
- (3) Chronic Diseases
- (4) Affordable, healthy housing
- (5) Access to affordable health insurance
- (6) Substance misuse
- (6) Healthy eating/active living for healthy weight

Part V	Facility Information <i>(continued)</i>
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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? 8

[illegible]

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.
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- 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.

Part I, Line 3c - Other Income Based Criteria for Free or Discounted Care
In addition to looking at a multiple of the federal poverty guidelines, other factors are considered such as the patient's financial status and/or ability to pay as determined through the assessment process.

Part I, Line 7 - Costing Methodology Explanation

Charity care and other community benefit costs were determined using data from the audited financial statements and Medicare and Medicaid cost reports.

The best available data was used to calculate the costs reported in item 7. For certain categories - primarily total charity care and means-tested government programs - cost-to-charge ratios were calculated and applied to those categories. The cost-to-charge ratio was derived from worksheet 2, ratio of patient care cost-to-charges. In other categories, the best available data was found in the hospital's cost accounting system.

Part II - Community Building Activities

At Tanner Health, promoting the health of the communities we serve goes beyond providing health care.

Tanner is proactive in addressing the social determinants of health and the underlying root causes of poor health. We support 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. As one of the largest employers in its communities, Tanner participates in and contributes to local chambers of commerce and civic organizations, ensuring economic development, growth, and stability. Tanner participates in and supports youth programs focusing on leadership skills, enhancing academic success, improving health, cultivating community responsibility and offering career exploration.

Through partnerships with Keep Carroll Beautiful, Tanner is supporting the reduction of environmental hazards in the local air, water and ground, as well as the safe removal of other toxic waste products - including unused medications, where we've provided safe disposal drop boxes.

We support and work with a host of regional, state and national organizations - including the University of West Georgia, the Community

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Foundation of West Georgia, state District 4 Public Health, CDC, U.S. Department of Agriculture, National Complete Streets Coalition, Diabetes Training and Technical Assistance Center, Georgia Department of Family and Children Services, Northwest Georgia Public Health, Share Our Strength, American Cancer Society, American Diabetes Society and others - to promote the community's health and safety.

Tanner prepares for emergencies, utility failures, natural disasters and other potential disruptions, working with federal, state, and local governments, local business consortiums, community leaders and public safety agencies to ensure effective community-wide responses to unplanned events.

Addressing the healthcare workforce shortage, Tanner fosters established, strong partnerships with local universities and community colleges, including the University of West Georgia and West Georgia Technical College.

The University of West Georgia's nursing program - the Tanner Health System School of Nursing - uses an investment from Tanner to enhance its facilities while offering scholarships and educational opportunities for those in west Georgia and east Alabama interested in a career in nursing.

Part III, Line 2 - Bad Debt Expense Methodology

Amounts included on Part III line 2 represent the amount of charges considered uncollectible after reasonable attempts to collect, and written off to bad debt expense.

Any discounts provided or payments made to a particular account are applied to the patient account prior to any bad debt write-off and are thus not included in bad debt expense. As a result of the payment and adjustment activity being posted to bad debt accounts, we can report bad debt expense net of these transactions.

Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements

See pages 19-25 on the accompanying audited financial statements for footnote disclosure related to uninsured patients, price concessions and bad debts.

Part III, Line 8 - Medicare Explanation

Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with

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related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Tanner does not believe any Medicare shortfall should be treated as community benefit. This is best practice according to the Catholic Health Association recommendations, which state serving Medicare patients is not a distinguishing feature of tax-exempt health care organizations and that the existing community benefit framework allows community benefit programs that serve the Medicare population to be counted in other community benefit categories.

Part III, Line 9b - Collection Practices Explanation

Patients who qualify for a charity write-off are responsible for the portion remaining after the write-off. Patients who 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 notification letter and a 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.

Collection practices for remaining balances are clearly outlined in the organization's collection policy. The hospital has implemented billing and collection practices for patient payment obligations that are fair, consistent, and compliant with state and federal regulations.

Part VI, Line 2 - Needs Assessment

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 residents disproportionately affected by disease.

This CHNA also informs the creation of an implementation strategy for

Part VI Supplemental Information

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future community health programming and community benefit resource allocation across Tanner's hospitals. As a nonprofit organization, Tanner's CHNAs align with the Affordable Care Act guidelines and comply with Internal Revenue Service (IRS) requirements.

In FY 2025, 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, completed a comprehensive CHNA to identify the health needs of their communities further. Tanner completed previous CHNAs in FY 2013, FY 2016, FY 2019, FY 2022 and FY2025.

These comprehensive multifactor assessments included collecting and analyzing quantitative data and qualitative input 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 its hospital's communities.

This enables the health system to ensure it appropriately directs its resources toward outreach, prevention, education, and wellness opportunities, where it will have the most significant impact. 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.

Responding to key CHNA findings, the priority areas to be addressed during fiscal years 2025-2028 by Tanner Medical Center, Inc. includes Mental Health Services, Access to Affordable Healthcare, Chronic Diseases, Affordable, Healthy Housing, Access to Affordable Health Insurance, Substance Use Disorder, and Healthy Eating/Active Living for Healthy Weight.

Part VI, Line 3 - Patient Education of Eligibility for Assistance
Tanner provides patients with information about the organization's charity/indigent program at registration and on its website.

Any self-pay or underinsured patients must meet the criteria for indigent care to have the cost of their care written off by the system. Tanner

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interviews patients and prepares financial statements.

Tanner refers patients who meet the criteria for Medicaid eligibility to an outside vendor for assistance. A patient with a family income up to 200% (two 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 allow 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. Tanner provides translation assistance 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, families 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 Family & Children Services (DFCS) and health departments; 8) Printed in local newspaper annually for the community; 9) Provided to local physician office management meetings annually; 9) Posted on Tanner's website tanner.org.

4. Community Information.
Describe the community

Part VI, Line 4 - Community Information
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's hospitals define the community as the geographic area the hospitals serve based on hospital utilization data without regard to

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insurance coverage of eligibility for financial assistance under THS's Financial Assistance Policy.

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 (73% rural) with a total population of 160,479 (U.S. Census Bureau, 2021). Carroll, Haralson and Heard counties consist of rural and suburban communities where a mixture of hospital systems, private practices, rural health clinics, indigent clinics and other social services meet residents' health needs.

The 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 to best meet the health needs of their communities.

The facilities also leverage assets and resources in Tanner's secondary service area of Douglas, Paulding, Polk, Cleburne (Alabama) and Randolph (Alabama) counties.

Demographics (data gathered from U.S. Census Bureau American Community Survey 2019-2023 5-year estimates):

Carroll County (designated as a medically underserved area, served by Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica):

- Population ~128,671: 67.2% non-Hispanic White, 20.1% non-Hispanic Black, 8.8% Hispanic, 0.6% American Indian and Alaska Native, 1.2% Asian, 0.1% Native Hawaiian/Other Pacific Islander
- Median household income \$72,937
- Uninsured (under age 65) ~14%
- Unemployment ~3.2%
- Below poverty level ~14.5%.

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Haralson County (designated as a medically underserved area, served by Higgins General Hospital):

-Population ~30,979: 88.5% non-Hispanic White, 5.1% non-Hispanic Black, 3.2% Hispanic, 0.4% American Indian and Alaska Native, 0.7% Asian
 -Median household income \$60,413
 -Uninsured (under age 65) ~15%
 -Unemployment ~3.1%
 -Below poverty level ~15.8%.

Heard County (designated as a medically underserved area, served by Tanner Medical Center/Carrollton):

-Population ~11,890: 82.4% non-Hispanic White, 10.4% non-Hispanic Black, 4.2% Hispanic, 0.5% American Indian and Alaska Native, 0.6% Asian;
 -Median household income \$65,214
 -Uninsured (under age 65) ~16%
 -Unemployment ~3.0%
 -Below poverty level ~15.9%.

Part VI, Line 5 - Promotion of Community Health

In FY 2025, Tanner Medical Center (Group) provided more than \$60 million in community benefit services, including charity care at cost and a range of diverse programs designed to enhance access and promote the community's health.

Tanner Medical Center is a nonprofit organization dedicated to improving the health of the residents in the communities it serves. That's why Tanner reinvests all its surplus funds from its operating and investment activities to improve access to care, expand and replace existing facilities and equipment, invest in technological advancements, support community health improvement programs, advance medical training, education, and research.

Medical staff privileges are open to physicians whose experience and training are verified through credentialing. The process gathers and verifies credentials, allows the medical staff to evaluate the applicant's qualifications, previous experience, and competence, and ultimately decides to grant or deny medical staff privileges.

To the benefit of the community, a board of directors governs Tanner Medical Center, Inc. Most of the board comprises persons who reside

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 FAP.
- 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 (for example, 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.

throughout Tanner's primary service area and are neither contractors nor employees of the organization (nor family members thereof). The Tanner Medical Center, Inc. Board of Directors ensures that the health system develops programs to address the disproportionate unmet health-related needs of the communities it serves.

The board is also responsible for ensuring community benefit initiatives are developed to promote the broad health of the community. The board establishes key measures of system-wide community benefit performance and receives regular reports on progress toward established goals.

In fulfilling these responsibilities, in FY 2014, the board designated a community benefit committee. The committee includes at least three board members, with a majority representation from a range of community stakeholders with expertise in certain areas.

These areas include 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 establishing program priorities based on community needs and assets, developing the hospital's community benefit implementation strategy and monitoring progress toward identified goals.

Part VI, Line 6 - Affiliated Health Care System

Tanner Medical Center, Inc. provides inpatient, outpatient, and emergency care services to residents of West Georgia and surrounding areas.

Tanner Medical Center, Inc. is part of an affiliated health care system which includes the following:

Tanner Medical Center/Carrollton, established to provide comprehensive health care services through the operation of a 181-bed acute care hospital.

Tanner Medical Center/Villa Rica, established to provide comprehensive health care services through the operation of a 52-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

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 FAP.
- 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 (for example, 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.

Georgia and Eastern Alabama.

Tanner Medical Center/East Alabama, established to provide comprehensive health care services through the operation of a 15-bed acute care hospital in Wedowee, Alabama.

Tanner Medical Center, Inc. is responsible for allocating resources and for approving budgets, major contracts and debt financing for all entities.

Part VI, Line 7 - State Filing of Community Benefit Report
Georgia

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization Tanner Medical Center Group Return	Employer identification number 80-0785570
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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Tanner Medical Foundation 109 College Street Carrollton GA 30117-3136	58-1790152	501c3	88,890				General Support
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Part III

(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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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 organization's community benefit implementation strategy and monitoring progress toward identified goals.

Supplemental Information		
SCHEDULE I (Form 990)	For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	2024
Name of the organization	Employer identification number	
Tanner Medical Center Group Return	80-0785570	

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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 organization's community benefit implementation strategy and monitoring progress toward identified goals.

SCHEDULE J**(Form 990)**

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Tanner Medical Center Group Return

80-0785570

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (such as 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**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the 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
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations

- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ 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?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?**b** Any related organization?

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?**b** Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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 aren't 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 and/or 1099-NEC 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				
Loy Howard	(i) 784,163	645,609	118,528	124,753	8,990	1,682,043	0
1 CEO	(ii) 579,599	477,189	87,607	92,208	6,645	1,243,248	0
Shazib Khawaja, M.D.	(i) 1,724,517	196,408	22,975	12,375	15,522	1,971,797	0
2 Physician	(ii) 0	0	0	0	0	0	0
Chris Arant, MD	(i) 0	0	0	0	0	0	0
3 Director/Physician	(ii) 700,498	404,908	415,603	8,436	14,322	1,543,767	0
Carol Crews	(i) 365,925	316,563	52,945	7,116	7,081	749,630	0
4 CFO	(ii) 270,466	233,982	39,134	5,259	5,234	554,075	0
Mitchell Rauch, MD	(i) 591,923	539,322	86,735	11,898	12,315	1,242,193	0
5 Physician	(ii) 0	0	0	0	0	0	0
Jim Griffith	(i) 400,500	109,786	51,267	7,116	7,213	575,882	0
6 COO	(ii) 296,021	81,146	37,893	5,259	5,331	425,650	0
Wayne Senfeld	(i) 284,728	224,310	28,902	6,194	7,718	551,852	0
7 Sr. VP, Bus Dev	(ii) 210,451	165,795	21,362	4,579	5,705	407,892	0
Ben Camp, M.D.	(i) 367,880	101,684	55,173	6,544	8,034	539,315	0
8 VP, Medical Affairs	(ii) 271,911	75,157	40,780	4,837	5,939	398,624	0
Greg Schulenburg	(i) 354,359	153,826	459	7,116	7,350	523,110	0
9 CIO	(ii) 261,918	113,697	340	5,259	5,432	386,646	0
Tiffany Stanfill, MD	(i) 585,213	249,500	3,250	10,289	5,468	853,720	0
10 Physician	(ii) 0	0	0	0	0	0	0
John Pezold, MD	(i) 564,340	222,601	44,974	6,397	13,091	851,403	0
11 Physician	(ii) 0	0	0	0	0	0	0
Christopher Powell, MD	(i) 485,754	144,723	156,900	9,093	11,703	808,173	0
12 Physician	(ii) 0	0	0	0	0	0	0
Clint Hoffman	(i) 213,328	55,196	23,255	31,074	7,679	330,532	0
13 SVP/TMG	(ii) 157,677	40,797	17,189	22,967	5,675	244,305	0
Bonnie Boles, MD	(i) 230,794	54,787	0	5,594	4,502	295,677	0
14 CMIO	(ii) 170,587	40,494	0	4,134	3,328	218,543	0
Eric Dalton	(i) 173,537	44,667	0	31,073	0	249,277	0
15 SVP/Operations	(ii) 128,266	33,015	0	22,967	0	184,248	0
Michelle Hoehn	(i) 161,135	37,479	0	6,371	7,718	212,703	0
16 CNO	(ii) 119,099	27,702	0	4,709	5,705	157,215	0

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 aren't 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 and/or 1099-NEC 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				
Paula Gresham	(i)	0	0	0	0	0	0	0
1 Admin Willowbrooke	(ii)	212,564	35,554	26,022	8,040	11,222	293,402	0
Jerry Morris	(i)	0	0	0	0	0	0	0
2 Administrator	(ii)	230,019	34,430	150	10,400	9,391	284,390	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Loy Howard	0	181,586	0
Clint Hoffman	0	41,667	0
Eric Dalton	0	41,667	0

Part III - Other Additional Information**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 a substantial risk of forfeiture and are conditioned upon the future performance of services. 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.

Bonus/Incentive:

The Executive team of the organization is eligible to receive incentive

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.

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; Jim Griffith, COO; Clint Hoffman, SVP/TMG; and Benjamin Camp, CMO. These were approved by the executive compensation committee and reviewed by an independent consultant.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Form 990 - Additional Information**Page 1, Line H(b)-Affiliated Group**

Tanner Medical Center Alabama, Inc. (FEI 47-5348597) was granted tax exempt status under Section 501(c)(3) effective September 10, 2015. The organization was originally and inadvertently included in the Group exemption for Tanner Medical Center, Inc. (FEI 80-0785570) upon its organization. In order to obtain its stand-alone exemption status, the organization has requested that it be removed from the Group ruling from the date of its inclusion.

Schedule H - Part VI, Line 11, Continued.**11) Reduce stigma of mental illness in the community**

Advocate for change to stigma surrounding mental illness in the community through continued educational media initiatives, awareness campaigns and community outreach efforts

Tanner Health has been advocating for change to stigma surrounding mental illness in the community through continued educational media initiatives, awareness campaigns and community outreach efforts. These multifaceted approaches aim to normalize conversations about mental health, provide accurate information, and create supportive environments where community members feel comfortable seeking help.

As part of an ongoing improved media plan, Tanner Health has hired a communications and marketing strategist. This strategic staffing decision demonstrates the organization's commitment to addressing mental health stigma through professional communication and outreach strategies tailored to behavioral health needs.

Increase the mental health literacy and capacity of adults who interact with adolescents to identify and respond to the behavioral health issues of adolescents through the implementation of Youth Mental Health

Mental/Behavioral Health Services Promote Mental/Behavioral Health in the Community First Aid (YMHFA) trainings to a diverse group of youth serving adults throughout the region

Tanner Health had previously increased the mental health literacy and capacity of adults who interact with adolescents through Youth Mental Health First Aid (YMHFA) trainings. These trainings equipped a diverse group of youth-serving adults throughout the region with skills to identify and respond appropriately to behavioral health issues in young people. However, as of fiscal year 2025, Tanner Health is no longer contracted to provide these services.

Implement a pilot peer-monitoring program within local schools

No action steps have been taken at this time.

12) Strengthen the linkage and referral system between behavioral health providers and other service organizations

Continue to collaborate and communicate with local service agencies, such

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Tanner Medical Center Group Return

80-0785570

as area juvenile/truancy courts, Department of Family and Children's Services, Department of Juvenile Justice, physician offices, schools, etc., to further identify and respond to gaps in behavioral health services and supports in the community

Tanner Health continues to foster robust collaborations with local service agencies, including area juvenile/truancy courts, Department of Family and Children's Services, Department of Juvenile Justice, physician offices and schools.

These partnerships are essential for identifying and addressing gaps in behavioral health services and supports throughout the community. By maintaining open lines of communication with these organizations, Tanner Health ensures a coordinated approach to meeting the behavioral health needs of the population they serve.

In fiscal year 2024, Tanner Health implemented neuro-psychiatric services specifically designed to support their neurosurgical service line. This strategic addition enhances the comprehensive care available to neurosurgical patients who may experience mental health challenges related to their conditions or treatments. The integration of neuro-psychiatric capabilities represents an important expansion of specialized behavioral health services at Tanner Health.

13) Increase access to community-based chronic disease preventive services and self-management programs in organizational or institutional settings (e.g., faith-based organizations, worksites and community-based organizations)

Develop Population Health Management Services Organization to focus on improvement of clinical health outcomes through improved care coordination and patient engagement

Major investments in Epic modules Healthy Planet and Compass Rose have been made to provide a robust suite of tools that can assist in obtaining advanced reporting and guiding our workflows. Additionally, the Chronic Care Management program for Tanner Medical Group patients has been expanded. The enrollment has increased from 200 to over 600 patients, with the goal of reaching 1000 patients enrolled by July 2025.

Expand the Diabetes and Hypertension Food As Medicine and Healthy Food Farmacy Programs to include education and healthy food distribution to patients with other chronic diseases.

The Food As Medicine and Healthy Food Farmacy Programs have been expanded to include education and healthy food distribution for patients with various chronic diseases. In FY2024, Tanner Health launched Food as Medicine for CHF patients, and in FY2025, they expanded these programs for diabetes and hypertension to Haralson County and Villa Rica, serving 215 referrals in FY2024 and 123 referrals in FY2025.

Expand health coaching to better equip patients to manage their chronic conditions and teach them how to set realistic goals for themselves

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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
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Health coaching services have been expanded to better equip patients to manage their chronic conditions and set realistic goals. In FY2024, Tanner Health launched health coaching at the CHF clinic, providing one-on-one coaching during treatment. This program was further expanded to Villa Rica and Bremen in FY2025, reaching more patients across the service area.

Establish new programs to provide education for seniors on how to manage chronic conditions and live healthier, more active lives
New educational programs for seniors on managing chronic conditions and living healthier, more active lives have been established. In FY2024, these programs expanded to Heard County Senior Center and The Birches at Villa Rica, and in FY2025 to the Birches on Main. These initiatives served 582 participants in FY2024 and 668 participants in FY2025, showing steady growth in community engagement.

Improve or enhance organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction and management in worksites

Tanner Health has improved organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction, and management in worksites. From FY2023 to FY2025, they expanded the Get Healthy Live Well-Care Management team and Chronic Care Management program, focusing on eligible patients through telemedicine. Tanner also implemented the Transitional Care Management program for proactive outreach to discharged patients, and in FY2025, added inpatient diabetes education at bedside prior to discharge.

The Chronic Care Management and Transitional Care Management programs have shown impressive growth in patient services. In FY2023, Tanner served 1,392 TCM and 561 CCM patients. By FY2024, these numbers shifted to 977 TCM and 1,284 CCM patients. In FY2025, Tanner reached 647 TCM and 2,668 CCM patients, demonstrating a strategic shift toward chronic care management. Additionally, Tanner provided 1,346 outpatient diabetes consults from FY2023 to FY2025.

Conduct screening health assessments within worksites with feedback plus health education, including employee referral to services that align with their health needs

Tanner Health has conducted screening health assessments within local worksites, providing feedback and health education, including employee referral to appropriate services. In FY2023, health assessments were completed at several local organizations including the City of Villa Rica, Greystone Power Corporation, Carroll EMC, Pilgrim's Pride, Carroll County Water Authority and Georgia Power. The number of assessments completed has steadily increased from 1,893 in FY2023 to an estimated 2,086 in FY2025, which includes Tanner employee health assessments.

Get Healthy Live Well has provided an increasing number of wellness education seminars, classes, and health fairs. These educational offerings have grown from 9 seminars and classes in FY2023 to 18 in FY2025, showing

**SCHEDULE O
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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
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Tanner Health's commitment to expanding health education in the community.

Provide training and technical assistance to worksites in the development and implementation of policy, systems and environmental (PSE) modification strategies that promote chronic disease prevention, risk reduction and management

From FY2023 to FY2025, Tanner Health has provided training and technical assistance to worksites in developing and implementing policy, systems, and environmental modification strategies that promote chronic disease prevention, risk reduction, and management. Tanner implemented an employee wellness tracking and education application for all City of Villa Rica employees, providing access to general health and chronic disease prevention and management education, reaching 135 people.

Continue to cultivate a healthier workforce at Tanner Health System through programs like Health Bridge/chronic disease management, health coaching and the Tanner Health Source gyms

Tanner Health has continued to cultivate a healthier workforce through programs like Health Bridge/chronic disease management, health Tanner Health has continued to cultivate a healthier workforce through programs like Health Bridge/chronic disease management, health coaching and the Tanner Health Source gyms. In FY2023, Tanner increased access to health coaching by providing virtual coaching and added group fitness programs.

In FY2024, Tanner expanded Tai Chi for Health by implementing three additional instructors providing classes in Villa Rica and Carrollton at various times to accommodate staff schedules.

Tanner also implemented the American Lung Association's Freedom to Quit smoking cessation program, available both virtually and in-person, and expanded the Diabetes Prevention Program and Tai Chi to Higgins to increase access for Tanner employees.

14) Increase the number of healthcare providers providing referrals to community-based resources and services for chronic disease prevention, risk reduction and management

Continue to educate and engage area healthcare providers in the development and implementation of new or improved processes and systems (i.e., EPIC 2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY 4EMR) regarding referrals to Get Healthy, Live Well's community-based chronic disease programming (e.g., National Diabetes Prevention Program, Living Well Workshop, Living Well with Diabetes, Freshstart tobacco cessation, Fit Kids, Tai Chi) and other community resources through clinical and community linkages

Tanner Health continues to educate and engage area healthcare providers in the development and implementation of new or improved processes and systems regarding referrals to Get Healthy, Live Well's community-based chronic disease programming and other community resources through clinical and community linkages. This includes utilizing EPIC EMR to streamline the referral process for programs such as the National Diabetes Prevention

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Program, Living Well Workshop, Living Well with Diabetes, Freshstart tobacco cessation, Fit Kids and Tai Chi.

During fiscal year 2025, Tanner Health conducted presentations to all providers at each TMG clinic stakeholder meeting, providing information on Get Healthy, Live Well classes and programs, along with instructions on referring patients through EPIC. These presentations were designed to increase awareness and facilitate the referral process for community-based resources.

In fiscal year 2025, Tanner Health engaged inpatient diabetes nurses with tours of Get Healthy, Live Well facilities and presentations of classes and programs to increase awareness and encourage referrals upon patient discharge. This initiative helps ensure continuity of care as patients transition from inpatient to outpatient settings. Throughout fiscal years 2024 and 2025, Tanner Health delivered presentations to community clinics to expand the network of providers familiar with Get Healthy, Live Well resources. These presentations helped increase the reach of chronic disease prevention and management programs beyond Tanner Health's immediate network.

The efforts to increase healthcare provider referrals have shown significant results. In fiscal year 2023, 184 physicians referred patients to Get Healthy, Live Well programs. This number increased to 261 physicians in fiscal year 2024, demonstrating growing engagement from the provider community.

As of January 21, 2025, in the current fiscal year, 239 physicians have already referred patients to Get Healthy, Live Well programs. This robust participation early in the fiscal year suggests continued growth in provider engagement with community-based resources for chronic disease prevention, risk reduction, and management.

15) Provide outreach to increase use of clinical preventive services by the population

Hold community screening opportunities (i.e., cholesterol, blood pressure, diabetes, prostate cancer, etc.) to ensure underserved individuals are aware of and have access to available screenings. Tanner Health has extensively provided community health screenings throughout our service area, including blood pressure, cholesterol and blood glucose screenings at faith-based organizations, senior centers and community health fairs. Our Get Healthy, Live Well (GHLW) initiative conducted 444 total screenings in FY2023, which included 224 blood pressure screenings, 28 BMI screenings for Diabetes Prevention Program participants, 137 diabetes and hypertension screenings for FAM program participants and 55 biometric screenings at senior centers. In FY2024, Tanner expanded our reach to 608 community member screenings, including 200 blood pressure screenings at Greystone Power Co-op member Health Fair and 150 screenings at the NAACP Community Resource/Health Fair.

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For FY2025 through January 21, GHLW has already conducted 310 screenings, including 58 biometric screenings at the Veterans Day community health fair, 150 blood pressure screenings at UWG staff/faculty health fair, and 110 faith-based biometric screenings, with two additional faith-based screenings planned for an estimated 200 more community members.

Tanner's oncology department has also been active, hosting three prostate screenings in FY2023 for 58 community members and one in FY2024 for 53 participants, with two more planned for FY2026.

Tanner's "Mammography on the Move" digital mammography unit to provide mammograms and bone density screenings throughout the community. Tanner Health's "Mammography on the Move" digital mammography unit has been a vital resource for providing accessible mammograms and bone density screenings throughout the community. The mobile unit has been temporarily out of service since February 2024 due to necessary truck repairs. During this downtime, we're making significant upgrades to the equipment, including installing a new 3D mammography unit and bone density scanner. The truck is expected to return to service by May 2025 with a new Tanner Health logo wrap, ready to continue its mission of bringing essential preventive screenings directly to the communities Tanner serves.

Expand targeted and culturally appropriate media and education efforts through a variety of communication channels and formats to raise awareness of health information and services in the community, empower individuals to take an active role in their health and health care and overcome barriers to care. Tanner Health has expanded targeted and culturally appropriate media and education efforts through various communication channels to raise awareness of health information and services in our communities.

Tanner has leveraged paid search and social media platforms to target audiences based on age and zip code, while making a concerted effort to ensure our creative content represents diverse audiences across ages, cultures, abilities, and family structures.

Tanner's CRM tool and marketing automation provider help us send targeted email communications with follow-up capabilities. Tanner has also strengthened partnerships with community organizations such as Carroll County Family Connection, Pregnancy Resource Center, Heard County Family Partnership and business and industry partners to share information about classes, programs, and screening events.

These collaborative efforts ensure messaging reaches groups who may not be active on social media or who need improved access to the services we offer, helping community members overcome barriers to care and take a more active role in their health.

16) Increase accessibility and availability of health and nutrition

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education throughout the community

Expand community-wide nutrition education and healthy food cooking courses to include more online classes

Tanner Health has significantly expanded online nutrition education and healthy food cooking courses, increasing from 26 online classes in FY2023 to 32 in FY2024, with a target of 40 classes in FY2025. These classes are promoted through paid search, social media targeting based on age and zip code, email communications via CRM tools, and partnerships with community organizations such as Carroll County Family Connection, Pregnancy Resource Center, Heard County Family Partnership and local businesses to ensure broad reach across diverse populations.

Expand Food as Medicine education programs

The innovative Food as Medicine program was launched for congestive heart failure patients in FY2024, and subsequently expanded in FY2025 to include diabetes and hypertension programs in Haralson County, as well as extending services to Villa Rica. Referrals to these programs have grown substantially, with 114 referrals in FY2024 and already 120 referrals by January 2025 in the current fiscal year, demonstrating the community's growing engagement with these specialized nutrition services.

Provide food skills education to pregnant women, parents, and caregivers of children 0-5; Provide OB-GYNs, pediatricians, and primary care providers with QR codes linking nutrition education and recipes for their patients. Cooking Matters programming has been instrumental in providing food skills education to pregnant women, parents, and caregivers of children aged 0-5. The initiative included QR codes on flyers and wall clings in medical facilities, linking users to health education resources and text messaging with nutrition education content. The program reached over 296,000 community members, with class offerings increasing from 3 in FY2023 to 6 in FY2024, and a projected 8 classes in FY2025.

Develop weekly nutrition education to be delivered via texts

In FY2023, Tanner Health partnered with Bright by Text (now called Lantern) to implement a comprehensive text message campaign providing cooking videos, nutrition education, recipes, and budget-friendly healthy eating tips. During the 6-month campaign period, 53 text messages with health education content were created and delivered to 218 subscribers, offering convenient access to nutrition information for community members.

Develop videos with registered dietitians to provide nutrition tips for expectant and new moms

Multiple educational videos featuring registered dietitians were produced in FY2023, providing specialized nutrition tips for expectant and new mothers. These videos were part of GHLW's healthy cooking content initiative, making expert nutritional guidance accessible to those who might not be able to attend in-person consultations or classes.

Provide links in Tanner public e-newsletter to link to Cooking Matters

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video content

Tanner Health embedded links in their public e-newsletter directing subscribers to GHLW's Food and Family Matters landing page, where comprehensive nutrition education resources and programs are available. This digital strategy proved effective, generating 4,413 landing page views during the campaign period and extending the reach of nutrition education beyond traditional in-person settings.

Continue Cooking Matters classes to increase nutrition education and access to healthy, affordable foods

For over a decade, GHLW has partnered with Cooking Matters to provide nutrition education and cooking instruction to low-income families and individuals in west Georgia. During FY2023-FY2024, six-week classes were conducted both on-site at the teaching kitchen and online, reaching 93 people. On-site participants received weekly wellness boxes containing ingredients from cooking demonstration recipes along with additional produce and healthy foods, with a total of 56 wellness boxes distributed.

Develop cardiac nutrition education curriculum

Specialized cardiac nutrition education curricula have been developed, including Food As Medicine for Hypertension (launched in FY2022) and Food As Medicine for CHF (launched in FY2024). Both programs feature virtual and on-site class options to increase community access. Additionally, in FY2025, the CHF Clinic began offering one-on-one health coaching to patients during treatment, which includes education on nutrition for congestive heart failure. The coaching program has shown steady growth, from 97 patients coached in FY2023 to 114 in FY2024, with a target of 125 patients in FY2025.

17) Increase nutrition education opportunities for youth

Continue comprehensive nutrition education curricula through Kids 'N the Kitchen with a focus on hands-on learning and cooking demonstrations. Tanner Health's Get Healthy, Live Well initiative has continued its comprehensive nutrition education curricula through Kids 'N the Kitchen, emphasizing hands-on learning and cooking demonstrations. The program provides seven area elementary schools with mobile kitchen carts equipped with age-appropriate kitchen utensils and small appliances for classroom use. Teachers and staff receive curriculum materials to incorporate into their lesson planning. This healthy nutrition and cooking skills education reaches over 1,000 students monthly throughout each school year cycle during fiscal years 2023-2025.

Continue Power of Produce (POP) Club nutrition education at local farmers markets

The Power of Produce (POP) Club nutrition education program has maintained its presence at the Cotton Mill Farmers' Market in Carrollton and expanded to Villa Rica in fiscal year 2023. In fiscal year 2024, Tanner Health partnered with the University of West Georgia to provide students in the health and wellness program with volunteer opportunities throughout the

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summer semester. These students created activities, educational content, and programs for the POP club at both the Cotton Mill and Villa Rica farmers' markets. Over 300 children and families have been served through this Community Health Improvement Plan initiative during the fiscal years 2023-2025.

18) Increase accessibility, availability, affordability, and identification of healthy foods in the community

Continue to engage Get Healthy, Live Well's West Georgia Regional Food System Collaborative committee to work on understanding the systemic infrastructure, policy issues and economic concerns that must be addressed to make healthy food more viable in west Georgia
No action steps taken.

Increase awareness about food insecurity
Tanner Health has made significant progress in increasing awareness about food insecurity through presentations to civic organizations, faith-based organizations, school system leadership and community coalition task forces. The reach of these presentations has been substantial, with 210 attendees in FY2023, 328 attendees in FY2024 and 306 attendees in FY2025 (as of January 23, 2025).

Continue partnership with UGA Extension to provide education to local farmers
The partnership between Tanner Health and UGA Cooperative Extension continues to provide vital education to local farmers. Tanner's Get Healthy, Live Well supports and sponsors the annual Journeyman Farmer program through awareness campaigns, new farmer recruitment, supplying course curriculum for participants, and sponsoring farmer mentorships. This program reached 16 attendees in FY2023 and 14 attendees in FY2024.

Continue to promote the purchase of fruits, vegetables, and other healthy foods through local farmers markets.
Tanner Health promotes the purchase of fruits, vegetables and other healthy foods through local farmers markets by collaborating with the UGA Cooperative Extension Service of Carroll County to produce the annual Food and Farm Resource Guide. This comprehensive guide provides detailed information on locations, products, and services available to community members, including location and contact information for participating farmers and farmers markets.

These guides are distributed across multiple community sites and organizations and are available online to help residents find local, healthy food while supporting local farms and neighbors. In FY2023, 2,000 guides were produced, which increased to 5,000 guides in FY2024. The FY2025 guides are in production.

19) Enhance substance misuse treatment in the community

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Continue to promote and expand substance misuse services through Regain at Willowbrooke, an outpatient substance misuse treatment program for working professionals

Willowbrooke launched a campaign to highlight Regain, Tanner's outpatient substance abuse treatment program specifically designed for working professionals. The program offers flexible scheduling to accommodate work commitments while providing comprehensive addiction treatment services. Regain uses evidence-based approaches including individual counseling, group therapy, and medical support to address substance use disorders. The program focuses on helping professionals maintain their careers while receiving the treatment they need, with options for evening sessions and intensive outpatient care. Regain's specialized approach recognizes the unique challenges faced by professionals seeking recovery while balancing workplace responsibilities.

20)Reduce Barriers and Bridge Gaps Between Residents, Emergency Personnel and Substance Misuse Prevention and Treatment Programs through Education and Resource Linkages

Provide education to schools and business/industry regarding e-cigarette use

Tanner Health has provided education to schools and business/industry regarding e-cigarette use through "The Dangers and Risks of Vaping" program. This initiative reached faculty, staff, parents and over 1,200 8th-12th grade students at Haralson County Middle and High School in Spring 2022 and Fall 2024. The program was also delivered to employees in the business community at Carroll EMC, Carroll County Water Authority and the City of Villa Rica throughout fiscal years 2023, 2024 and 2025. The total impact has been significant, reaching over 2,000 faculty, staff, parents and students in schools, as well as over 400 employees in business and industry settings.

Reduce amount of unused and expired prescription and non-prescription medications available for misuse through safe and effective home disposal methods and drug take-back opportunities

To reduce the amount of unused and expired prescription and non-prescription medications available for misuse, Tanner Health implemented safe and effective home disposal methods and drug take-back opportunities. A key partnership was established with the Carroll County Sheriff's Office and the University of West Georgia Police Department to install drug disposal units in their lobbies, providing convenient and secure locations for community members to safely dispose of potentially dangerous medications.

Implement community outreach activities to educate community on critical substance misuse issues (i.e. opioid/prescription medication misuse, dangers of e-cigarettes, etc.) and increase awareness of existing substance misuse resources and services

Tanner Health has implemented community outreach activities to educate the community on critical substance misuse issues, including

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opioid/prescription medication misuse and the dangers of e-cigarettes. These initiatives also focus on increasing awareness of existing substance misuse resources and services available to residents. Outreach activities have continued in this area, with recent participation in the community Fentanyl Summit serving as a platform to further engage and educate community members on these critical health issues.

21) Build awareness, understanding, capacity and ability to address poverty

Foster cultural competencies about poverty among partners and community residents through training and dialogue
No action steps have been taken.

Identify key windows of opportunity to develop programs and policies for the most effective change to address barriers to economic mobility
No action steps have been taken.

Continue to increase awareness of existing resources by providing a Community Resource Guide to partners and local residents
In fiscal year 2024, significant progress was made to continue increasing awareness of existing resources by providing a Community Resource Guide to partners and local residents. Links to the community resource guide were installed in EPIC, providing Tanner Health staff and providers with easy access to community resources for patients. Additionally, cards with the web address and hotline were distributed to Tanner clinics, local libraries, senior centers, community task force members, first responders, post offices, and other organizations throughout the communities.

22) Develop innovative approaches to address the socioeconomic determinants of health

Continue Fresh Food Farmacy program to provide low income, food insecure patients with chronic diseases free, nutritious food and comprehensive suite of diabetes, social and environmental services.
Tanner Health has continued its successful Fresh Food Farmacy program, providing low-income, food insecure patients with chronic diseases access to free, nutritious food and a comprehensive suite of diabetes, social, and environmental services. This vital program has seen significant expansion, with the launch of Food as Medicine for Congestive Heart Failure in FY2024, followed by expansion of Food as Medicine for Diabetes and Hypertension programs to Haralson County in FY2025, and further expansion of Food as Medicine to Villa Rica also in FY2025.

Continue work with local pantries to expand safety net available for residents living in poverty
Tanner Health has strengthened its partnerships with local food pantries to expand the safety net available for residents living in poverty. In FY2024, cooking demonstrations were provided at two local food pantries, offering practical nutrition education to community members. From FY2023 through FY2025, Get Healthy, Live Well worked with soup kitchens to provide nutritious soups during winter months, addressing seasonal food insecurity.

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Looking forward, FY2025 plans include implementing Food As Medicine classes at local pantries, further integrating nutrition education with food assistance.

Continue to expand referrals to non-profit pharmacy dedicated to getting people the medications they need at an affordable price, regardless of insurance status

Tanner Health continues its referral program to a non-profit pharmacy dedicated to helping people obtain needed medications at affordable prices, regardless of insurance status. While this initiative was implemented during the last Community Health Improvement Plan (CHIP) and continues to operate, there have been no significant changes or expansions to the program since the previous CHIP assessment period.

The prioritized needs identified through the comprehensive CHNA - which included the collection of secondary public health data, community listening sessions, interviews and focus groups - each have representation in Tanner's FY 2025-2028 Implementation Strategy. Through ongoing community collaboration through the GHLW coalition and diverse community partners, Tanner hopes to make a significant impact by addressing the key needs identified in the FY 2025 CHNA process.

Form 990, Part VI, Line 3 - Management Delegated

Cypress Healthcare Partners, LLC, an unrelated organization, is a consulting firm providing management services to Tanner. Cypress Healthcare Partners, LLC assigned William Hines as Chief Administrative Officer. Service provided by William Hines includes directing various departmental operations (TMC Engineering, Dietary, Human Resources etc.), managing physician practices, and hospice and home health operations.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization's directors are the directors of Tanner Medical Center, Inc. (TMC), a 501(c)(3) tax exempt entity and related organization. The directors are elected as provided by the bylaws of TMC. A director serves only so long as they serve as TMC director. Persons removed from the TMC governing board shall automatically be removed from the organization's governing board.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

TMC's Accounting Department gathers information for the preparation of the Form 990 and consults with the CFO and TMC Compliance Officer on certain matters. Prior to filing with the IRS, a draft copy as prepared by the external accounting firm is reviewed by the CFO for accuracy. Once corrections are made, the final version is distributed to all voting board members via electronic means prior to filing with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The policy covers all employees, suppliers, medical staff and volunteers. Conflicts are reviewed by the TMC Compliance Officer for resolution. The

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Compliance Officer then consults with the Executive Team and the CEO for final resolution. Per the policy, any person with a conflict will recuse themselves from the decision making process completely. Board members physically 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 taken for transparency, such as advertising the bidding process in the newspaper. All services are compared to fair market value.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
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.

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Related Organizations and Unrelated Partnerships

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

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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)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Tanner Medical Foundation, Inc. 109 College Street Carrollton GA 30117-3136 58-1790152	Foundation	GA	501c3	7	TMC		X
(2) Tanner Medical Center, Inc. 705 Dixie Street Carrollton GA 30117-3818 58-1790149	Hospital	GA	501c3	3	N/A		X
(3) Tanner Health Services, Inc. 705 Dixie Street Carrollton GA 30117-3818 58-1790151	Healthcare	GA	501c3	12b	N/A		X
(4) Tanner Medical Center Alabama, Inc. 705 Dixie Street Carrollton GA 30117-3818 47-5348597	Hospital	AL	501c3	3	TMC		X
(5)							

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) Dispro- portionate alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Healthliant Enterprises, Inc. 705 Dixie Street Carrollton GA 30117-3818 82-4529412	Healthcare	GA	N/A	C	N/A	N/A	N/A		X
(2) West Georgia Endoscopy Ctr LLC 160 Clinic Avenue Carrollton GA 30117 75-3182533	Endoscopy	GA	N/A	S	N/A	N/A	N/A		X
(3) West Georgia Ambulance, Inc. 1952 N Highway 27 Carrollton GA 30117 58-2469468	Ambulance	GA	N/A		N/A	N/A	N/A		X
(4)									

Part V

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Public Inspection Copy

Federal Statements

Statement 1 - Form 990, Page 1, Line H - Subordinates Included in Group Return

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
TMC-Tanner Neuroscience Specialist	705 Dixie Street Carrollton GA 30117-3818	82-1697361
Tanner Medical Group Inc	705 Dixie Street Carrollton GA 30117-3818	26-4045534
Tanner Primary Care of Wedowee Inc	705 Dixie Street Carrollton GA 30117-3818	45-4857914
TMC Higgins General Hospital Inc	705 Dixie Street Carrollton GA 30117-3818	58-2414416
TMC Villa Rica Hospital Inc	705 Dixie Street Carrollton GA 30177-3818	58-2453303
TMC-Hospice Care Inc	705 Dixie Street Carrollton GA 30117-3818	58-2453302
TMC-Home Health Inc	705 Dixie Street Carrollton GA 30117-3818	58-2453296
TMC-Behavioral Health of West Georgia	705 Dixie Street Carrollton GA 30117-3818	81-2238385
Tanner Intensive Medical Services	705 Dixie Street Carrollton GA 30117-3818	20-0336940
TMC Haralson Family Health Care Center Inc	705 Dixie Street Carrollton	58-2378722

Federal Statements

Statement 1 - Form 990, Page 1, Line H - Subordinates Included in Group Return (continued)

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
	GA 30117-3818	
TMC Immediate Care Inc	705 Dixie Street Carrollton GA 30117-3818	20-0379196
TMC Occupational Health, Inc.	705 Dixie Street Carrollton GA 30117-3818	58-2362404
TMC Tallapoosa Family Health Care Center Inc	705 Dixie Street Carrollton GA 30117-3818	58-2378724
TMC West Carroll Family Healthcare Center Inc	705 Dixie Street Carrollton GA 30117-3818	58-2504393
TMC West Georgia Anesthesia Associates Inc	705 Dixie Street Carrollton GA 30117-3818	20-3604642
Tanner Primary Care of Roanoke	705 Dixie Street Carrollton GA 30117-3818	83-3903783
TMC/Tanner Pain Management, Inc.	705 Dixie Street Carrollton GA 30117-3818	83-3820540
TMC Woodland Family Healthcare, Inc.	705 Dixie Street Carrollton GA 30117-3818	26-3196318
TMC/Buchanan Family Healthcare, Inc.	705 Dixie Street Carrollton GA 30117-3818	58-2502339

Federal Statements

Statement 1 - Form 990, Page 1, Line H - Subordinates Included in Group Return (continued)

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
Tanner Oncology Services, Inc.	705 Dixie Street Carrollton GA 30117-3818	84-4995668
TMG Northwest Georgia Oncology Center, Inc.	705 Dixie Street Carrollton GA 30117-3818	85-0582557
Tanner Health Network, LLC	705 Dixie Street Carrollton GA 30117-3818	86-1277220
Tanner Behavioral Health Management Company	705 Dixie Street Carrollton GA 30117-3818	81-3549718
Wedowee Specialty Clinic, Inc.	705 Dixie Street Carrollton GA 30117-3818	86-3479943
Tanner Bridge Clinic, Inc.	705 Dixie Street Carrollton GA 30117	33-2451063
Tanner Imaging Center, Inc.	705 Dixie Street Carrollton GA 30117	82-4253763
Tanner Health, Inc.	705 Dixie Street Carrollton GA 30117	58-1790151

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue ServiceFor calendar year 2024 or other tax year beginning **07/01/24**, and ending **06/30/25**.Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A ☐ Check box if address changed.	Name of organization (☐ Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section ☒ 501(c) (3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A	Print or Type Tanner Medical Center Group Return Number, street, and room or suite no. If a P.O. box, see instructions. 705 Dixie Street City or town, state or province, country, and ZIP or foreign postal code Carrollton GA 30117-3818	E Group exemption number (see instructions) 80-0785570 9705
C Book value of all assets at end of year	797,687,192	F ☐ Check box if an amended return.
G Check organization type	☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university	
H Check if filing only to claim	☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		☐
J Enter the number of attached Schedules A (Form 990-T)		1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation		☐ Yes ☒ No

L The books are in care of **Carol Crews** Telephone number **770-812-8282****Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	696,963
2 Reserved	2	
3 Add lines 1 and 2	3	696,963
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	696,963
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	696,963
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	695,963

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	146,152
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	146,152

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	146,152
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	
4 Total tax. Add lines 2 and 3f (see instructions) ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4	146,152

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **990-T** (2024)

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	
c	Tax deposited with Form 8868	6c	70,000
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	70,000
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☒	8	3,902
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	80,054
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code		Available post-2017 NOL carryover
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No			
	Signature of officer	Date	Title	
			CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	William Edward Phillips			P00451499
	Firm's name	Firm's EIN		
	Draffin & Tucker LLP	58-0914992		
	Firm's address	Phone no.		
	PO Box 71309	229-883-7878		
	Albany, GA 31708-1309			

**SCHEDULE A
(Form 990-T)**Department of the Treasury
Internal Revenue Service**Unrelated Business Taxable Income
From an Unrelated Trade or Business**Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Tanner Medical Center Group Return	B Employer identification number 80-0785570
C Unrelated business activity code (see instructions) ... 621500	D Sequence: 1 of 1

E Describe the unrelated trade or business **Reference Lab VR**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) See Stmt 1	12 696,963		696,963
13 Total. Combine lines 3 through 12	13 696,963		696,963

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 0
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) See Statement 2	14	
15 Total deductions. Add lines 1 through 14	15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	696,963
17 Deduction for net operating loss. See instructions	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	696,963

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ..				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6 ..				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends — received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2024

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.**2024**

Name **Tanner Medical Center Group Return** Employer identification number **80-0785570**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	146,152
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	146,152
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	70,731
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	70,731

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☐ The corporation is using the annualized income installment method.
- 8** ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 10/15/24	12/15/24	03/15/25	06/15/25
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10 17,683	17,683	17,683	17,682
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14	17,683	35,366	53,049
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	17,683	35,366	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17 17,683	17,683	17,683	17,682
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2024)

Part IV Figuring the Penalty

19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (*C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.*) See instructions

	(a)	(b)	(c)	(d)
19 See worksheet				
20				
21				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 8% (0.08)	\$	\$	\$	\$
23				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 8% (0.08)	\$	\$	\$	\$
25				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 8% (0.08)	\$	\$	\$	\$
27				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	\$	\$	\$	\$
29				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	\$	\$	\$	\$
31				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	\$	\$	\$	\$
33				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *%	\$	\$	\$	\$
35				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns

38 \$ **3,902**

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form 2220		Form 2220 Worksheet		2024	
		For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25			

Name					Employer Identification Number
Tanner Medical Center Group Return					80-0785570

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>10/15/24</u>	<u>12/15/24</u>	<u>03/15/25</u>	<u>06/15/25</u>
Amount of underpayment	<u>17,683</u>	<u>17,683</u>	<u>17,683</u>	<u>17,682</u>

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/24	12/31/24	17,683	77	8.00	298
1	12/31/24	11/17/25	17,683	321	7.00	1,089
2	12/15/24	12/31/24	17,683	16	8.00	62
2	12/31/24	11/17/25	17,683	321	7.00	1,089
3	3/15/25	11/17/25	17,683	247	7.00	838
4	6/15/25	11/17/25	17,682	155	7.00	526
Total Penalty						3,902
						=====

Federal Statements

FYE: 6/30/2025

Reference Lab VR**Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income**

Description	Amount
Reference Lab - Higgins	\$ 390,734
Reference Lab - VR	306,229
Total	<u>\$ 696,963</u>

Reference Lab VR**Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
Villa Rica reference lab expenses	\$
Specific deduction	
Higgins Reference Lab expenses	
Specific Deduction	
Total	<u>\$ 0</u>