

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19 , **and ending** 06/30/20

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 \$ 265,195,129

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

H(c) Group exemption number **U** 9705

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

J Website: **U** www.tanner.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **U**

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	469,451
b Net unrelated business taxable income from Form 990-T, line 39	7b	207,105	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,083,768	10,644,072
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	255,352,926	253,121,841
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206,577	-2,792,563
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,782,822	1,379,216
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	259,426,093	262,352,566
	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)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	118,867,120	121,768,326
	b Total fundraising expenses (Part IX, column (D), line 25) U 0		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	139,397,896	148,684,888
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	258,265,016	270,453,214
	20 Total assets (Part X, line 16)	1,161,077	-8,100,648
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	170,390,180	430,161,441
		104,585,338	372,457,247
	65,804,842	57,704,194	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Carol Crews Type or print name and title	CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed	PTIN
	Jacqueline G. Atkins				P00861721
	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** (2019)

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 \$ 79,425,849 including grants of \$) (Revenue \$ 48,200,717)
 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 \$ 34,824,885 including grants of \$) (Revenue \$ 34,326,116)
 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 \$ 146,650,316 including grants of \$) (Revenue \$ 170,966,121)
 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 **u** 260,901,050

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash 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
35b 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 in 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c 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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 u 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

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	1b	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.	11			
b Enter the number of voting members included on line 1a, above, who are independent		9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in 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 in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 **u** 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 **u**
 Carol Crews 705 Dixie Street
 Carrollton GA 30117 770-836-9580

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Daniel Jackson										
Chairman	1.00 3.00	X		X				0	0	0
(2) Jeffrey Lindsey, DMD										
Vice Chairman	1.00 2.00	X		X				0	0	0
(3) Mary Covington										
Secretary	1.00 2.00	X		X				0	0	0
(4) Gelon Wasdin										
Treasurer	1.00 2.00	X		X				0	0	0
(5) Steve Adams										
Director	1.00 2.00	X						0	0	0
(6) Anna Berry										
Director	1.00 2.00	X						0	0	0
(7) Howard Ray										
Director	1.00 2.00	X						0	0	0
(8) Timothy Warren										
Director	1.00 2.00	X						0	0	0
(9) Lynn Clarke										
Director	1.00 2.00	X						0	0	0
(10) Frederick O'Neal										
Director	1.00 2.00	X						0	0	0
(11) Eric Dalton										
Administrator	40.00 0.00			X				289,805	0	10,683

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jerry Morris Administrator	24.00 16.00			X				131,420	87,613	19,741
(13) Denise Taylor CCH	17.00 24.00			X				147,793	199,956	14,000
(14) Greg Schulenburg CIO/COO as of 3/20	17.00 24.00				X			99,447	298,343	23,318
(15) Deborah Matthews CNO	17.00 24.00			X				167,577	226,723	24,594
(16) Susan Fox SVP, TMG	17.00 24.00				X			172,316	233,135	25,361
(17) Wayne Senfeld Sr. VP, Bus Dev	17.00 24.00			X				212,054	286,897	25,180
(18) Jim Griffith Former COO	0.00 0.00						X	3,991	5,399	0
(19) Christopher Arant, MD Director/Physician	41.00 2.00	X						1,185,629	0	23,801
1b Subtotal							u	2,410,032	1,338,066	166,678
c Total from continuation sheets to Part VII, Section A							u	6,887,474	3,783,726	330,311
d Total (add lines 1b and 1c)							u	9,297,506	5,121,792	496,989

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 **u 188**

	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
Apogee Medical Mgmt Scottsdale AZ 85254-2685	15059 N. Scottsdale Rd Suite 600 Physicians	9,277,364
Multiple Sclerosis Center Atlanta GA 30327-1624	3200 Downwood Circle NW, Suite 550 MS Mgmt/Rent	3,276,764
Ra-Lin & Associates, Inc. Carrollton GA 30117-8756	101 Parkwood Circle Construction	2,488,327
R.K. Redding Construction, Inc. Bremen GA 30110-0426	412 Sangamore Road Construction	2,187,247
Southern Therapy Services, Inc. Carrollton GA 30117-3303	120 East Center Street Therapy Svcs	1,975,502

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 **u**

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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	149,109			
	e	Government grants (contributions)	1e	9,582,256			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	912,707			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f	u	10,644,072			
	Program Service Revenue	2a	Net Patient Service Revenue	Business Code	623000	251,448,347	251,448,347
b		Behavioral Hlth Mgmt - VR	621990	1,204,043	1,204,043		
c		Reference Lab - VR	621990	308,856		308,856	
d		Reference Lab - Higgins	621500	160,595		160,595	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	u	253,121,841			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	u			
	4	Income from investment of tax-exempt bond proceeds	u				
	5	Royalties	u				
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)	u				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales exps.	7b		2,842,563		
	c	Gain or (loss)	7c		-2,792,563		
	d	Net gain or (loss)	u	-2,792,563			-2,792,563
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events	u				
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities	u				
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Cafeteria	Business Code	722514	515,894		515,894
	b	Professional Fee revenues	621990	374,071	374,071		
	c	Incentives	621990	265,960	265,960		
	d	All other revenue	621990	223,291	200,533		22,758
	e	Total. Add lines 11a-11d	u	1,379,216			
	12	Total revenue. See instructions	u	262,352,566	253,492,954	469,451	-2,253,911

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,842,528	1,209,428	3,633,100	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	302,712		302,712	
7 Other salaries and wages	105,447,032	102,425,628	3,021,404	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,393,364	4,262,546	130,818	
9 Other employee benefits	36,755	31,338	5,417	
10 Payroll taxes	6,745,935	6,358,272	387,663	
11 Fees for services (nonemployees):				
a Management	2,212,033	2,212,033		
b Legal	11,537		11,537	
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.)	17,102,400	15,756,186	1,346,214	
12 Advertising and promotion	50,119	49,909	210	
13 Office expenses	11,246,894	11,120,228	126,666	
14 Information technology				
15 Royalties				
16 Occupancy	1,986,851	1,863,666	123,185	
17 Travel	341,983	305,719	36,264	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	159,261	147,684	11,577	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,243,459	13,130,996	112,463	
23 Insurance	838,568	832,999	5,569	
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	63,239,120	63,239,120		
b Medical Supplies	34,039,104	34,039,104		
c Licenses	1,935,970	1,857,630	78,340	
d Miscellaneous	1,414,455	1,255,149	159,306	
e All other expenses	863,134	803,415	59,719	
25 Total functional expenses. Add lines 1 through 24e	270,453,214	260,901,050	9,552,164	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 <input type="checkbox"/> 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	12,848,725	1	1,126,612
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	28,768,462	4	38,578,358
	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	3,189,798	8	4,237,575
	9 Prepaid expenses and deferred charges	-238,821	9	347,345
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 234,229,682		
	b Less: accumulated depreciation	10b 87,958,280	10c	146,271,402
	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	3,272,400	14	2,908,800
	15 Other assets. See Part IV, line 11	2,448,802	15	236,691,349
16 Total assets. Add lines 1 through 15 (must equal line 33)	170,390,180	16	430,161,441	
Liabilities	17 Accounts payable and accrued expenses	9,000,636	17	12,275,042
	18 Grants payable		18	
	19 Deferred revenue		19	4,086,372
	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	12,404,031
	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	95,584,702	25	343,691,802
	26 Total liabilities. Add lines 17 through 25	104,585,338	26	372,457,247
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	65,804,842	27	57,704,194
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	65,804,842	32	57,704,194
	33 Total liabilities and net assets/fund balances	170,390,180	33	430,161,441

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	262,352,566
2	Total expenses (must equal Part IX, column (A), line 25)	2	270,453,214
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,100,648
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,804,842
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	57,704,194

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?		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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Carol Crews	17.00									
CFO	25.00			X				265,638	359,392	25,612
(21) Chelif Junor, MD	40.00									
Physician	0.00					X		671,919	0	17,535
(22) Ben Camp, M.D.	17.00									
VP, Medical Affairs	24.00				X			259,339	350,871	24,652
(23) Rajat Jhanjee, MD	40.00									
Physician	0.00					X		885,469	0	24,989
(24) William Hines	30.00									
Contract CAO	11.00			X				204,914	614,740	0
(25) William Waters, M.D.	0.00									
Former CMO	0.00						X	298,721	404,152	0
(26) Shazib Khawaja, M.D.	40.00									
Physician	0.00					X		1,580,110	0	25,542
(27) Loy Howard	17.00									
CEO	27.00			X				1,362,728	1,843,691	152,267
1b Subtotal								5,528,838	3,572,846	270,597
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 **u**

	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 **u**

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Paul Perrotti Past COO (left 1/20)	17.00 24.00			X				155,868	210,880	18,364
(29) Tiffancy Stanfill, MD Physician	40.00 0.00					X		624,174	0	16,964
(30) Onaje Greene, MD Physician	40.00 0.00					X		578,594	0	24,386
1b Subtotal								1,358,636	210,880	59,714
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 **u**

	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 **u**

SCHEDULE A
(Form 990 or 990-EZ)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.

u Attach to Form 990 or Form 990-EZ.**u Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Tanner Medical Center 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 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in 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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	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 government entity (see instructions).*

2 Activities Test. *Answer (a) and (b) 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer (a) and (b) below.*
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- 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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

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

Schedule A (Form 990 or 990-EZ) 2019

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.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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		\$ 149,109	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 316,126	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 9,248,283	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 193,106	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
7	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
13	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 36,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
19	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 11,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	\$ 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
25	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
31	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	\$ 8,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
37	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	\$ 17,847	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Employer identification number

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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).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u
- 4 Number of states where property subject to conservation easement is located u
- 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 u
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under 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 | u \$ |
| (ii) Assets included in Form 990, Part X | u \$ |
- 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 | u \$ |
| b Assets included in Form 990, Part X | u \$ |

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 on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 **u** %
b Permanent endowment **u** %
c Term endowment **u** %

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		11,065,005		11,065,005
b Buildings		152,477,028	47,638,539	104,838,489
c Leasehold improvements		9,019,567	1,936,739	7,082,828
d Equipment		58,496,008	38,383,002	20,113,006
e Other		3,172,074		3,172,074
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				146,271,402

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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	234,638,528
(2) Other receivables	1,056,283
(3) Due from third parties	996,538
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	236,691,349

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	342,561,180
(3) Third party settlements	1,130,622
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	343,691,802

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 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

Part XIII Supplemental Information *(continued)*

the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheet for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2020 and 2019 or for the years then ended. The Medical Center's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Tanner Medical Group is part of a tax-exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code. The affiliated business services provided are, however, subject to unrelated business income taxes and a Form 990-T, Exempt Organization Business Income Tax Return is filed for these services.

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

Name of the organization

Hospitals

u Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

u Attach to Form 990.

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

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Inspection

Tanner Medical Center Group Return

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 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 financial assistance policy to its various hospital facilities during the tax year.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☐ 200% ☒ Other 250%
- 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 financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy 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)			12,867,805		12,867,805	4.76
b Medicaid (from Worksheet 3, column a)			41,817,622	30,404,219	11,413,403	4.22
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs			54,685,427	30,404,219	24,281,208	8.98
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,843,523	151,446	1,692,077	0.63
f Health professions education (from Worksheet 5)			4,950		4,950	0.00
g Subsidized health services (from Worksheet 6)			4,447,200	1,204,043	3,243,157	1.20
h Research (from Worksheet 7)			107,391		107,391	0.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			628,600		628,600	0.23
j Total. Other Benefits			7,031,664	1,355,489	5,676,175	2.10
k Total. Add lines 7d and 7j			61,717,091	31,759,708	29,957,383	11.08

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			97,538		97,538	0.04
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members			1,500		1,500	
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development			111,250		111,250	0.04
9 Other					0	0.00
10 Total			210,288		210,288	0.08

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1** Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 2** Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 29,626,359
- 3** Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3**
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME) **5** 40,723,807
- 6** Enter Medicare allowable costs of care relating to payments on line 5 **6** 38,504,713
- 7** Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 2,219,094
- 8** Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

- 9a** Did the organization have a written debt collection policy during the tax year? **9a** ☒ Yes ☐ No
- b** If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** ☒ Yes ☐ No

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**

	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 two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>2019</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?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.tanner.org</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 <u>2019</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? <u>\$</u>		

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 financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.tanner.org</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.tanner.org</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.tanner.org</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> 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 financial assistance policy (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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**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

The prioritization of significant health needs of the community is identified and the methodology for prioritizing each need is described on page 76 of the 2019 CHNA.

Tanner's priority topics for the FY 2020 2022 Implementation Strategy are: (1) Access to Care; (2) Healthy and Active Lifestyles and Education; (3) Chronic Disease Education, Prevention and Management; (4) Mental/Behavioral Health; (5) Substance Misuse; (6) Social Determinants of Health. Tanner's long standing commitment to the community is deeply rooted in its mission. The organization remains committed to improving the community's health, not only through daily patient care activities but also outreach, prevention, education and wellness opportunities. Tanner is dedicated to making west Georgia a healthier place to live, learn, work, play and grow. With the help of community partners, Tanner has successfully implemented programs that help west Georgia residents with the healthcare and preventive services they need. Described below are the steps taken to meet the significant health needs identified in Tanner's FY 2019 CHNA, by Community Health Implementation Strategy priority area.

ACCESS TO CARE:

Tanner continued to develop new clinical programs to expand treatment capabilities and ensure a full continuum of overage and optimal disease management. During FY 2020, Tanner opened the 130,000 square foot Tanner Health Pavilion, housing a variety of medical services, including: Tanner Healthcare for Children, Tanner Healthcare for Women, Tanner Breast Health,

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.

Comprehensive Breast Care Center, Tanner Imaging Center and West Georgia Internal Medicine, a pharmacy and more. With a focus on wellness, the facility has park like grounds, a trailhead to the Carrollton GreenBelt, including a new connection to a GreenBelt spur to downtown Carrollton.

In October 2019, Tanner received state approval to expand its cardiac services to include an open heart surgery program. In addition, Tanner began construction of an independent and assisted living facility in Villa Rica, to open in FY 2021. Tanner also opened a new location for the Buchanan Medical Clinic in Haralson County during the fiscal year.

Additional clinical services added during FY 2020 include: a Direct Access Colonoscopy Screening Program, allowing patients meeting clinical criteria to schedule a colorectal cancer screening without a physician office visit beforehand; MRI Fusion Prostate Biopsy, which allows for Urologists to use a computer navigation system for precision biopsy of cancer tumors, a service previously unavailable for patients in Tanner's service area; Endoflip Esophageal Diagnostic Technology, a device that allows Tanner's GI physicians to diagnose complex swallowing disorders that can have heartburn like symptoms; expansion of Electrophysiologists access at Tanner; expansion of Tanner's Sleep Center in Villa Rica to accommodate more patients; expansion of General Surgery to Tanner Medical Center/Villa Rica; expansion of Orthopedic total joint replacement and same day total joint replacement to Tanner Medical Center/Villa Rica; and expansion of Robotic Surgery Capabilities for GYN and General Surgery to Tanner Medical Center/Villa Rica.

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.

The number of medical providers available in a community has a direct impact on that community's ability to access care. Tanner's primary service area of Carroll, Haralson and Heard counties are all designated as medically underserved areas and health professional shortage areas. To combat this problem and improve access to medical care in the region, Tanner continued its work to recruit more physicians to practice in the area, enabling patients to choose from a greater number of providers in an expanded field of specialties. During fiscal year 2020, Tanner welcomed 10 new physicians to its medical staff, representing specialties in: Obstetrics and Gynecology, Psychiatry, Vascular Surgery, Addiction, and Cardiology. Tanner also provided five "Future of Health Care" scholarships to students from across the region that are enrolled in medical school or advanced practice provider programs, and also offered clinical educational opportunities for nursing students at the University of West Georgia and West Georgia Technical College throughout the health system's hospitals and clinics. In addition, Tanner's Get Healthy, Live Well is connecting senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program that will help them increase knowledge and gain skills in community health work. Each nursing student is required to complete 20 hours of programming assistance with Get Healthy, Live Well. In fiscal year 2020, 124 nursing students participated in the preceptorship program, completing over 2,250 hours.

Tanner is committed to providing financial assistance to persons who have

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.

healthcare needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to provide quality health care to all citizens, Tanner strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. During fiscal year 2020, Tanner Medical Center, Inc. provided more than \$12.8 million in charity and indigent care (at cost). Tanner also works closely with and provides financial support to two community based indigent clinics, the Rapha Clinic and Latinos United Carroll County Clinic, to provide low cost and free medical services to area residents who otherwise could not afford care.

In addition, Get Healthy, Live Well's Healthy Haralson Increase Awareness of Existing Resources task force continued to promote and update a new, comprehensive community resource guide and telephone support line: www.gethealthyharalson.org and 678.647.HELP (4357). In FY 2020, an additional texting capacity was added, allowing one to text HCHELP to 555888 to receive the guide through text messaging. Educational training has been provided to over 40 task force members and 35 community members representing 77 local organizations on the resource guide tools to help connect their clients, students or employees to needed community resources.

HEALTHY AND ACTIVE LIFESTYLES AND EDUCATION:

Tanner has a long standing commitment toward advancing community health and successfully developing and implementing population health approaches to

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.

best meet the needs of the communities it serves, employing a variety of strategies aimed at the deterrence, early detection and minimization or cessation of disease at the population level. Tanner established Get Healthy, Live Well in 2012, a multi sector coalition (with more than 35 task forces consisting of more than 600 community volunteers and more than 270 local, state and national partners) that is engaging people, ideas and resources across multiple settings (community, early childcare, faith based, healthcare, school and work site) to develop and implement a variety of evidence based interventions to reduce chronic disease risks and promote healthy lifestyles for the 151,000 residents of Carroll, Haralson and Heard counties. Task force memberships includes representatives from county and city governments, parks and recreation departments, school boards and schools, colleges and universities, restaurants, boys and girls clubs, convenience stores, farmers and farmers' markets, civic groups, faith based institutions, chambers of commerce, business and industry, social service agencies, state and local public health departments, rural health clinics, private health care providers and more. Since its establishment, the Tanner led Get Healthy, Live Well coalition is making significant gains to improve the health status of the communities Tanner serves. Additional information on Get Healthy, Live Well can be found at https://www.tanner.org/get_healthy_live_well.

During fiscal year 2020, more than more than 19,400 individuals were touched by a Get Healthy, Live Well program, health screening or other community based educational event (i.e., Advancing Your Health Education Series, task force meetings, etc.) focused on a wide range of subjects to learn more about their health and how to live well. More health 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.

was provided through Tanner's sponsorship of the "Community Voice" radio program, which featured a number of physicians and health professionals discussing and taking calls on a wide range of subjects. Tanner provided and/or sponsored several support groups on a wide range of diseases/topics, including breast cancer, cancer, diabetes, Parkinson's and grief, in which more than 400 people attended during the year.

Tanner Get Healthy, Live Well implemented a variety of efforts to reduce exposure to secondhand smoke and reduce tobacco use among youth and adults during the fiscal year. An interactive vaping awareness seminar was developed and conducted, reaching over 1,100 students and faculty at Haralson County Middle and High Schools. The seminar also marked the launch of Get Healthy, Live Well's anti vaping social media campaign. Haralson County teens were encouraged to post photos on Instagram using #NotYourNextGeneration. In addition, Fresh Start tobacco cessation classes were offered, reaching 86 residents during the fiscal year. Tanner also provided technical assistance to the Bremen Housing Authority in their adoption of a 100% smoke free policy, impacting 46 housing units and 70 residents.

Get Healthy, Live Well continued to implement a variety of interventions to increase access to physical activity opportunities in the community. Get Healthy, Live Well continued its partnership with the West Georgia Track Club to implement Move it Mondays, an eight week program designed to turn walkers into joggers. During FY 2020, 391 individuals participated in the program. In September 2019, the inaugural Tanner Health System Half

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.

Marathon, in partnership with the City of Carrollton and the West Georgia Track Club, helping showcase the Carrollton GreenBelt, with over 600 race participants.

Get Healthy, Live Well's West Georgia Regional Food System Collaborative continued to work on increasing the accessibility, availability, affordability and identification of healthy foods in the community. Get Healthy, Live Well has worked through four area food pantries (Manna House, Community Christian Council (CCC), Bowdon Area United Christian Ministries and Open Hands who collectively serve over 1,500 families per month) to increase the nutritional quality of the food donated and served, and provide education to clients in how to use their limited funds to purchase and prepare healthier foods. Leadership of these food pantries have convened multiple times during the fiscal year and developed guidelines to increase the nutritional quality of their food donations. During the fiscal year, the CCC formally implemented a food policy related to increasing the healthy food donations disseminated to food patrons and continues to uphold the fidelity of this policy and promote it to additional food banks in the region. The Bowdon Area United Christian Ministries' "First Friday" Pop up Market, held once a month from April to October, was held in conjunction with food pantry giveaway days, with the market slogan "Take What You Want, Pay What You Can, Eat What You Take." Get Healthy, Live Well provided nutrition education and cooking demonstrations during these pop up markets. The Bowdon Pop Up Market has served approximately 60 individuals per month. Through a partnership between the Atlanta Community Food Bank (ACFB) and their mobile food market, during FY 2020, 12,690 residents have been served

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.

from fresh produce boxes, totaling 182,800 pounds of fresh produce distributed on 16 giveaway days, engaging approximately 40 volunteers per giveaway day to help with the distribution. During the fiscal year, Get Healthy, Live Well's Healthy Haralson sub committee joined forces with over 20 organizational partners for Hands on Haralson Community Week of service to help build community gardens and provide services to seniors and senior shut ins, with over 100 community volunteers participating.

During fiscal year 2020, two six week Cooking Matters class series were held, reaching 26 low income residents. Classes were held at the Heard County Senior Center and Tallatoona Head Start in Haralson County. Due to the COVID 19 pandemic, additional Cooking Matters programming for late Spring and Summer had to be canceled due to stay at home orders and social distancing guidance. The Cooking Matters program has had a significant impact on participant's nutrition knowledge and behaviors. Several low income adults reported how the course has helped them buy healthier meals with their SNAP benefits, further supporting the health and food security of their families.

Tanner Get Healthy, Live Well continued implementation of Kids N' the Kitchen, an interactive teaching kitchen program for grades K 8 that is designed to help teach students healthy cooking skills and improve their nutrition. During fiscal year 2020, Kids N' the Kitchen implemented 77 programs (lessons), reaching 3,322 children in 5 different schools. This program was impacted greatly by COVID 19, as local schools were closed on March 13th and remained closed during the close of the school year in May

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.

2020. A notable outcome includes the ongoing reporting by teachers and parents about the positive impact the programming has had in influencing healthy eating behaviors among children/families and increasing their knowledge about the connection between diet and health. In addition, Get Healthy, Live Well implemented its interactive Kid's Exhibit healthy lifestyle education programming on 8 different occasions in local schools, reaching 1,476 students during FY 2020.

Tanner Get Healthy, Live Well recognizes the key need for new farmers in our region to help us supply the fresh fruits and vegetables needed for healthy communities. Although we need new farmers, the barriers would be farmers face when trying to grow new agricultural businesses from the ground up can be formidable. In partnership with the UGA Extension, the Collaborative aims to mitigate these barriers through enhanced farmer education programming and opportunities in the region. Completers of the Journeyman Farmer Certificate Program have the opportunity to participate in a 20 hour Journeyman Farmer mentorship with local farmers to help improve them build and/or improve their farm operations. At the completion of the Mentorship program, participants have the opportunity to apply for an 80 hour working internship on a local farm. During the first year of the program in 2018, 44 new or beginning farmers completed the Journeyman program, including three (3) individuals who completed the mentorship program. In February 2019, 10 individuals completed the Journeyman Farmer Certificate Program, with a focus on small ruminant production. From post surveys, the majority of participants reported overwhelmingly positive feedback about the program format and material covered. Two individuals

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.

completed the Journeyman Farmer Mentorship program in June 2019, reporting positive feedback on the program and significant gains in hands on knowledge of small ruminant farming. One participant stated in an evaluation form: "This is a valuable program for novice farmers. I did not find one or two aspects beneficial; I found the entire program beneficial!" In February 2020, twenty two (22) individuals completed the Journeyman Farmer Certificate Program, with a focus on fruit and vegetable production. The COVID 19 pandemic impacted participants' ability to participate in the farmer mentorship program during Summer 2020. In addition, a West Georgia Small Farm Conference was held on February 26th and 27th in Haralson County, in which over 100 individuals attended. Session topics included: honeybees and pollinators; small ruminant production; vegetable crop scheduling; marketing; vegetable pests; nuisance animals; irrigation; fruit tree and vegetable farm; wine grapes; pasture/grazing. Participants also had the opportunity for local farm tours during the conference.

Chronic Disease Education, Prevention and Management:

Tanner has been proactive in encouraging residents to undergo recommended health screenings based on a variety of factors (including age, health habits, lifestyle, etc.) using emails, direct mail pieces, flyers, exposure at community events and more to raise awareness. The health system has encouraged residents to make use of free online health risk assessments for a variety of health conditions-including diabetes, heart disease and colorectal cancer. Tanner Get Healthy, Live Well has held six screening events during FY 2020 through partnerships with six faith based organizations, offering blood pressure screenings and healthy lifestyle

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.

education, reaching over 305 residents. In addition, CPR educational events were held on 5 different occasions, reaching 140 residents.

With breast cancer being the most common type of cancer diagnosed in west Georgia women, and early detection being the key to successfully battling the disease, Tanner's Mammography on the Move digital mammography unit hit the road, removing barriers of time, awareness and access that prevent women from getting mammograms. The mobile unit visited 121 different regional locations sites during fiscal year 2020, with locations that included community events, indigent clinics, businesses, churches, civic groups and more, providing 599 mammograms and 109 bone density exams to area women.

In FY 2020, Tanner developed plans and completed construction of a new teaching kitchen and food pantry for the implementation of a new, innovative Food as Medicine Program, which provides low income, food insecure patients with diabetes and hypertension with free, nutritious food and a comprehensive suite of dietetic, social and environmental services. Food as Medicine participants will be provided support that includes nutritionist and Certified Diabetes Educator (CDE) consultations, diabetes self management classes, healthy cooking classes in a newly built state of the art teaching kitchen, ongoing care coordination/ navigation, and will be allowed to visit the program's food pantry twice per month and will receive 10 30lb of food based on household size. Tanner's implementation of the Food as Medicine Program represents an opportunity to further promote health equity and achieve improved health outcomes for low income,

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.

underserved populations that disproportionately experience health conditions, including diabetes and hypertension. The program launches in July 2020 with a pilot cohort of 20 low income, food insecure individuals with diabetes.

Get Healthy, Live Well continued to expand its community clinical linkages (CCL) model that creates a bridge between the clinic or doctor's office and its evidence based programs, including: National Diabetes Prevention Program, Living Well with Diabetes Program, Living Well with Chronic Disease Program, Freshstart Tobacco Cessation Program, and Tai Chi for Health. Nearly 100 clinicians provided referrals during FY 2020. In addition, during FY 2020, Get Healthy, Live Well's National Diabetes Prevention Program subsequently achieved CDC Full Recognition status in February 2020 after receiving an average of 5.5 percent participant weight loss at the end of 12 month instruction.

MENTAL/BEHAVIORAL HEALTH:

Willowbrooke at Tanner, the behavioral health division of Tanner Medical Center, Inc., provides complete behavioral health care across Georgia and east Alabama through inpatient, outpatient and in home counseling and psychiatric services. With facilities closing and declines in options for residential treatment and inpatient care across the state, Willowbrooke at Tanner continues to look at ways to take the lead on providing a broad continuum of quality mental health treatment services while keeping patients in the communities in which they live. Tanner keeps access to a continuum of behavioral health services a phone call away with free,

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.

confidential behavioral health assessments from Willowbrooke at Tanner.

With a call to Willowbrooke at Tanner's helpline, a behavioral health clinician trained in crisis intervention can arrange an assessment and connect a person to an entire community based network of resources and treatment options both within and outside of Tanner's continuum of care.

Willowbrooke at Tanner continued to develop and provide specialized therapies to its patients during the year, including expressive therapy, rhythmic therapy, animal assisted therapy and equestrian therapy.

Willowbrooke at Tanner has a strong history of successfully collaborating with other agencies, including area juvenile/truancy courts, the Department of Family and Children's Services, the Department of Juvenile Justice, physical offices and schools. Willowbrooke staff and administration frequently attend community meetings with these agencies and organizations, allowing for the identification of community needs to be shared, and for Tanner to get involved with assistance when necessary.

Willowbrooke at Tanner continued to implement and expand its school based behavioral health therapy services in the region. In FY 2020, Willowbrooke at Tanner partnered with 8 school systems to have 17 licensed behavioral health counselors in 53 elementary, middle and high schools, offering direct access to mental health services to hundreds of school aged children and their families.

With efforts to engage youth in identifying and responding to local youth mental health needs, Get Healthy, Live Well's Healthy Haralson Youth Mental Health task force implemented the Haralson Junior Leadership Team in FY

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.

2020, consisting of 20 high school seniors from Bremen and Haralson County High Schools. Students participated in leadership skills training, team building activities, community needs conversations, conducted a community photo voice project, received health equity training and implemented a peer led anti bullying program, Be the Voice in their schools.

In response to the COVID 19 pandemic, Willowbrooke at Tanner established an easy access Help Line - a part of Tanner's Care Your Way, to assist patient with the stresses amplified by the pandemic. Patients can call 770 812 3266 at any time to learn more or to schedule a free phone screening with a clinician, which is followed by an appointment for a telehealth visit with a licensed therapist.

During FY 2020, Willowbrooke at Tanner held multiple educational seminars for mental health professionals, including licensed professional counselors, social workers and marriage and family therapists, offering Continuing Education Units (CEUs) to attendees.

SUBSTANCE MISUSE:

Willowbrooke continued to expand its addiction treatment programs to help residents face and recover from substance misuse. Addiction treatment programs include: inpatient care, inpatient detox, Suboxone MAT therapy, Adult Partial Hospitalization, Intensive Outpatient program (Regain at Willowbrooke), addition group meetings, outpatient 'Journey at Willowbrooke' substance abuse program, and individual psychiatry and medication management from the Willowbrooke Psychiatric Center.

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.

During FY 2020, Willowbrooke at Tanner added an addictionologist, Vince Raham, MD, to its medical staff. Dr. Raham helps evaluate patients who have addictions, then works with each patient to establish a personalized treatment plan. That plan may include inpatient detox, partial hospitalization, an outpatient program - such as Journey, offered through the Willowbrooke Counseling Center - or Regain at Willowbrooke, a recovery program for working professionals. Plans may also include dependency aftercare, sober living and more.

Get Healthy, Live Well's Healthy Haralson Substance Misuse task force has partnered with West Metro Drug Enforcement Task Force, Georgia Bureau of Investigation, Bremen City police, Bremen Fire Department, Haralson County Drug Task Force, Haralson County Fire Department and Tallapoosa City Police Department to train first responders in how to properly carry, store and administer naloxone, impacting over 29,500+ residents. Policy was implemented with Bremen Police, Bremen Fire and Haralson County Fire and Tallapoosa Police impacting over 9,400 residents, with a combined 19 administrations of naloxone reported, with 17 successful overdose reversals during FY 2020. A sub committee was developed to conduct a feasibility study of a peer led community services recovery center in Haralson County. A potential site has been identified to house the recovery center.

During FY 2020, Get Healthy, Live Well's Healthy Haralson Senior Needs task force secured partnerships and implemented programming to distribute DisposeRx, a product that allows for the safe disposal of prescription

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.

medications. Partners include four local pharmacies, one physician practice, a local hospice agency, ambulance service and senior centers.

SOCIAL DETERMINANTS OF HEALTH:

In November 2019, Healthy Haralson, a committee of the Tanner led Get Healthy, Live Well Coalition, hosted Bridges Out of Poverty, a three and a half hour workshop designed for civic leaders, policymakers, educators and those concerned with developing sustainable solutions to poverty in their communities. The workshop was led by noted author Terie Dreussi Smith, M.A.Ed. and had over 130 community participants. Bridges Out of Poverty provided a complete approach to understanding poverty in the west Georgia area, offering tools and strategies for alleviating poverty and its impact.

The prioritized needs identified through the comprehensive CHNA-that included collection of secondary public health data, community listening sessions, interviews and focus groups- each have representation in Tanner's FY 2020 2022 Implementation Strategy. Through ongoing community collaboration through the Get Healthy, Live Well coalition and diverse community partners, Tanner hopes to make a significant impact on addressing the key needs identified in the FY 2019 CHNA process.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 5
Tanner's FY 2019 CHNA process involved local residents, community partners and stakeholders, along with hospital leadership. Each hospital's CHNA was led by a team comprised of members of Tanner's Get Healthy, Live Well coalition that included hospital leaders, community activists, residents,

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.

faith-based leaders, hospital representatives, public health leaders and other stakeholders. Coalition members used population level data and feedback from community focus groups and listening sessions to create recommendations for each hospital's health priorities, potential implementation strategies and to identify key partners. Nearly 135 people were involved in the CHNA process, including those who participated in community focus groups, a listening session or key informant interview. The key informant interviews, focus groups and listening session were comprised of area residents, partners and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in, public health. Members of medically underserved, low income and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 6a
The hospital facilities - Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital - worked collaboratively to leverage existing assets and resources throughout 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.

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 Carousel Pediatrics, Inc.

TMC Internal Medicine of Villa Rica

TMC Children's Healthcare of West Georgia

TMC Gastroenterology Associates, Inc.

TMC Infectious Diseases of West Georgia, Inc.

TMC West Georgia Behavioral Health

TMC West Georgia Family Medicine, Inc.

TMC Internal Medicine of Carrollton, Inc.

TMC Internal Medicine Associates

TMC West Georgia Cardiology, Inc.

TMC Home Health, Inc.

TMC Hospice Care, Inc.

TMC Occupational Health, Inc.

TMC Haralson Family Healthcare

TMC Tallapoosa Family Healthcare

TMC West Georgia Anesthesia Associates, Inc.

Tanner Intensive Medical Services

TMC West Carroll Family Healthcare

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.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 7d

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 2, TMC/Villa Rica Hospital, Inc. - Part V, Line 7d

In addition to being made available on Tanner's Web site, www.tanner.org, and made available upon request from the hospital, copies of the CHNA were disseminated to the hospital's board and executive leadership; the assessment team; community stakeholders who contributed to the assessment; and multiple community leaders, volunteers and organizations that could benefit from the information. Other communication efforts included presentations of assessment findings throughout the community.

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 11

As an outcome of the prioritization process for the FY 2019 CHNA, and taking existing hospital and community resources into consideration, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the FY 2020 Implementation Strategy. Concerns were identified in the CHNA regarding lack of dental services in the west Georgia region. While not directly addressed in Tanner's Implementation Strategy, Tanner will continue to partner with local dentists and oral surgeons to provide urgent dental care in the health system's emergency departments and clinics, along with working collaboratively with providers, social service and community organizations to promote routine dental care. Tanner also provides financial assistance to a local indigent clinic, the Rapha Clinic, which provides dental care to those without insurance or the means to afford such care. Lack of public transportation was identified as a factor impacting community health. While Tanner is committed to finding solutions to limited transportation needs in

Part V Facility Information (continued)

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the region, public transportation is out of the scope of the organization's resources and was not addressed as a primary need in the FY 2020-2022 Implementation Strategy. Tanner has continued to work collaboratively with county and city governments, social service agencies and more to evaluate and identify opportunities to increase access to transportation services in the region.

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? 7

[illegible]

Part VI Supplemental Information

Provide the following information.

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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 7 - Costing Methodology Explanation

Costs for Part I, lines 7a and 7b were calculated using the cost-to-charge ratio as calculated using Worksheet 2 from the IRS Schedule H instructions.
Other costs were obtained from the organization's accounting records which utilizes the CBISA cost accounting software.

Part II - Community Building Activities

At Tanner, efforts to promote the health of the communities it serves go beyond providing health services. Tanner takes a proactive approach to addressing the social determinants of health and the underlying root causes of poor health, supporting the World Health Organization's definition of health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Tanner provides a variety of community building activities to strengthen the community's capacity to promote the health of well being of its residents.

Representing some of the largest employers in their communities, Tanner's hospitals actively participate in and contribute to local chambers of commerce and civic organizations aimed at ensuring the economic

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development, growth and stability of their local communities. Tanner participates in and supports youth programs that focus on activities to develop leadership skills, enhance academic success, improve health, cultivate community responsibility and offer career exploration opportunities.

Through partnerships such as Keep Carroll Beautiful, there are ongoing efforts by Tanner to reduce community environmental hazards in the air, water and ground, as well as the safe removal of other toxic waste products. Tanner provides support to several local advocacy organizations that promote the community's health and safety. Tanner actively and continually prepares for emergencies, utility failures, natural disasters and other potential disruptions, working closely with federal, state and local governments, area business consortiums, community leaders and public safety agencies to ensure effective community wide responses to unplanned events.

To address the healthcare workforce shortage, Tanner continues to foster its established, strong partnerships with local community colleges and universities, including the University of West Georgia and West Georgia

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

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.

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

See pages 18-22 on the accompanying audited financial statements for footnote disclosure related to uninsured patients.

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

Part VI Supplemental Information

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

Part III, Line 9b - Collection Practices Explanation

Patients that qualify for a charity write off are only
held responsible for the portion remaining after write
off. Patients that qualify as indigent receive a 100%
write off and are not responsible for any portion of their
bill. Patients approved for financial assistance receive a
letter of notification and wallet card that is good for
one year from the determination date. Interest free
installment plans are available to all patients and
payment amounts are determined by the patient's ability to
pay.

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.

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Tanner's CHNA is an organized, formal and systematic approach to identify and address the needs of underserved communities across Tanner's geographic footprint. The CHNA guides the development and implementation of a comprehensive plan to improve health outcomes for those disproportionately affected by disease. This CHNA also informs the creation of an Implementation Strategy for future community health programming, and community benefit resource allocation across Tanner's hospitals. As a nonprofit organization, Tanner's CHNAs align with guidelines established by the Affordable Care Act and comply with Internal Revenue Service (IRS) requirements.

In FY 2019, Tanner Medical Center, Inc.'s two acute care hospitals - Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica - and Tanner's critical access hospital, Higgins General Hospital in Bremen, each completed a comprehensive Community Health Needs Assessment (CHNA) to further identify the health needs of their communities. Previous CHNA's were completed in FY 2013 and FY 2016. These comprehensive, multifactor assessments included the collection and analysis of quantitative data, as well as qualitative input directly from residents gathered through key

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informant interviews, community listening sessions and focus groups.

Through the CHNA process, Tanner has identified the greatest health needs among each of its hospital's communities, enabling Tanner to ensure its resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized. In selecting priorities, Tanner considered the degree of community need for additional resources, the capacity of other agencies to meet the need and the suitability of Tanner's expertise to address the issue. In particular, Tanner looked for health needs that require a coordinated response across a range of healthcare and community sectors. Responding to key CHNA findings, the priority areas to be addressed during fiscal years 2020 2022 by Tanner Medical Center, Inc. include: (1) Access to Care; (2) Healthy and Active Lifestyles and Education (3) Chronic Disease Education, Prevention and Management; (4) Mental/Behavioral Health; (5) Substance Misuse; and (6) Social Determinants of Health.

Part VI, Line 3 - Patient Education of Eligibility for Assistance

Tanner patients are provided with information pertaining to the

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organization's charity/indigent program at the time of registration and on the Tanner website. Any self pay or under insured patients must meet criteria for indigent care in order to have the cost of their care written off by the System. Patients are interviewed and financial statements are prepared. Patients who meet the criteria for Medicaid eligibility are referred to an outside vendor for assistance. A patient with family income up to 350% (3.5 times) of the Federal Poverty Guidelines (FPG) based on family size receive a 100% discount for medically necessary services. Patients with large, medically necessary medical bills which have created a financial hardship are considered for a sliding scale discount. The lower the patient's discretionary income and the higher the healthcare bills allows for more charity allowances. Patients whose family income exceeds two times the applicable FPG may also qualify for sliding scale discounts on medically necessary services. Translation assistance is provided for patients as needed.

Financial assistance policy information is available free of charge in paper and electronic form in the following areas: 1) Posted on Hospital

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walls in Registration areas for patients, family and visitors; 2) Printed in fliers available at Registration desks for patients and families; 3) Printed in fliers and posted on walls mounts throughout hospitals; 4) Mailed to patients with statements; 5) Communicated to patients during phone calls; 6) Printed flyers available at local physician offices; 7) Printed flyers provided to local advocacy groups/agencies such as DFACS and Health Departments; 8) Printed in local newspaper annually for the community; 9) Provided to location physician office management meetings annually; 9) Posted on Tanner website www.tanner.org.

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 hospitals define the community as the geographic area served by the hospital, considering its primary service area. The primary service area for all three of Tanner's hospitals - Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital in Bremen - includes the geographic areas of Carroll, Haralson and

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Heard counties, covering 1,077 square miles of predominantly rural area (53 percent rural) with a total population of 151,141 (U.S. Census Bureau, 2010). Carroll, Haralson and Heard counties consist of a mixture of rural and suburban communities whose health needs are met by a mixture of hospital systems, private practices, rural health clinics, indigent clinics and other social services. The close proximity of Tanner's acute care hospitals (within a 12-20 mile radius of each other) - Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica - and the critical access hospital, Higgins General Hospital, provide west Georgia residents multiple access points for a variety of healthcare related services. These facilities work collaboratively to leverage existing assets and resources throughout Tanner's overall primary service area of Carroll, Haralson and Heard counties [and in Tanner's secondary service area of Douglas, Paulding, Polk, Cleburne (Ala.) and Randolph (Ala.) counties] to best meet the health needs of their communities. Demographics (data gathered from 2020 County Health Rankings and the US Census Bureau, 2019 Estimates) of Carroll County (designated as a medically underserved area, with a community served by Tanner Medical Center/Carrollton and Tanner Medical

Schedule H (Form 990) 2019

Part VI Supplemental Information

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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Center/Villa Rica): Population 119,992; diversity 70.7 percent Caucasian,
19.6 percent African American, 7.2 percent Hispanic; average income
\$49,608; uninsured 16 percent; unemployment 4 percent; below poverty level
16.8 percent. Demographics of Haralson County (designated as a partial
medically underserved area, community served by Higgins General Hospital):
Population 29,792; diversity 90.9 percent Caucasian, 4.7 percent African
American, 1.8 percent Hispanic; average income \$46,353; uninsured 15
percent; unemployment 3.9 percent; below poverty level 15.9 percent.
Demographics of Heard County (designated as a medically underserved area,
community served by Tanner Medical Center/Carrollton): Population 11,923;
diversity 84.7 percent Caucasian, 9.8 percent African American, 2.8 percent
Hispanic; average income \$48,094; uninsured 15 percent; unemployment 3.9
percent; below poverty level 17.1 percent.

Part VI, Line 5 - Promotion of Community Health

In fiscal year 2020, Tanner Medical Center, Inc. provided more than \$12.8
million in community benefit services, including charity care at cost and a
range of diverse programs designed to enhance access and promote the health

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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of the community.

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

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

To the benefit of the community, Tanner Medical Center, Inc. is governed by a Board of Directors, the majority of which is comprised of persons who reside throughout Tanner's primary service area and who are neither

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.
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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.

employees nor contractors of the organization (nor family members thereof).

The Tanner Medical Center, Inc. Board of Directors is responsible for
ensuring that the health system develops programs to address the
disproportionate unmet health related needs of the communities it serves,
along with ensuring the development of community benefit initiatives to
promote the broad health of the community. The Board also establishes key
measures of system wide community benefit performance and receive regular
reports on progress toward established goals. In fulfilling these
responsibilities, in fiscal year 2014 the Board designated a Community
Benefit Committee that includes at least three Board members, with a
majority representation from a range of community stakeholders who have
expertise in areas such as the characteristics and history of local
communities with disproportionate unmet health related needs, clinical
service delivery, analysis of service utilization and population health
data, primary preventive health initiatives, social services, youth and
family services, finance and accounting. The Community Benefit Committee of
the Board participates in the process of establishing program priorities
based on community needs and assets, developing the hospital's community

Schedule H (Form 990) 2019

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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benefit implementation strategy and monitoring progress toward identified goals.

COVID 19 RESPONSE:

On March 16, 2020, Governor Kemp declared COVID 19 a public health emergency for the State of Georgia, effective March 14, 2020, the first ever public health emergency declared in the state. Tanner's efforts to respond to the COVID 19 public health emergency in FY 2020 included a variety of activities to help ensure the highest quality of care for our communities and safe work environments for our employees. These activities were clear changes to operational and clinical norms targeted to identify, isolate, assess, transport, and treat patients with COVID 19 or persons under investigation for COVID 19.

Tanner Health System employed a variety of emergency protective measures as a result of the COVID 19 pandemic, with a variety of activities at each of its hospital facilities related to the management, control, and reduction of the pandemic's immediate threat to public health and safety, including:

Schedule H (Form 990) 2019

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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establishing an emergency operations center (EOC) to serve as a primary hub for the coordination and control of COVID 19 response efforts to quickly and more efficiently respond to needs as they arise (i.e., staffing, supplies, technology, equipment) directly related to COVID 19 and disseminate critical information to Tanner leadership, physicians, clinical staff and other employees; employing marketing and communications efforts to disseminate key information to the public to provide warnings and guidance on the COVID 19 pandemic; establishing a call center specific to COVID 19 for information, referrals and screening resources; purchasing of food and covering temporary lodging costs for front line healthcare providers who were triaging and caring for potential and positive COVID 19 patients as these providers were working such abnormal and long hours that going home and/or going out to get food was not reasonable; increasing security operations to support COVID 19 response efforts to ensure policy compliance and safety of the public (i.e., visitor restrictions, temporary facility access, testing centers, etc.); and increasing disinfection efforts at each of Tanner's facilities specifically to combat the risk of spread of COVID 19.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 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.
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Tanner implemented several emergency medical care activities, including: purchasing and distributing COVID 19 diagnostic testing exams and a variety of personal protective equipment (face shields, gloves, masks, gowns, scrubs); leasing additional respiratory equipment (oxygen, respirators, BIPAP) to treat COVID 19 patients; retrofitting separate areas to screen and treat individuals with suspected COVID 19 infections, including establishing temporary exterior patient care facilities outside its emergency departments to assess potentially large numbers of persons under investigation for COVID 19 infection; establishing drive thru testing centers and acute hospital testing centers; retrofitting existing hospital rooms to become negative pressure rooms at each hospital facility; renting additional hospital beds to increase capacity to treat COVID 19 patients; increasing medical waste disposal services and cleaning/disinfection costs of scrubs, masks, linen bags and gowns; and expanding the use of telehealth technologies to further support physical distancing efforts to reduce virus transmission and ensure care availability to those who need it most by triaging low risk urgent care, and providing follow up appointments for

Schedule H (Form 990) 2019

Part VI Supplemental Information

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- 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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- 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.
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chronic disease and behavioral health patients who may require routine check ins. In addition, Tanner Health System was one of almost 2,200 health care systems across the country that joined the Mayo Clinic Expanded Access Program to test the efficacy of convalescent plasma - plasma from someone who has overcome COVID 19 - to help other sick patients survive the disease or recover faster.

Tanner also quickly assessed its inventories of critical infection prevention supplies and chemicals which included pandemic designated supplies from its emergency preparedness efforts. Personal protective equipment (PPE) such as face masks, shields and gowns - as well as cleaning and disinfecting materials - were at the top of not only Tanner's list, but also that of many consumers and other hospital systems. For those high priority needs, Tanner found support close to home from its community, including individuals and corporate citizens. For example, thousands of cloth face masks were hand or machine stitched and donated by volunteers throughout the region for use by patients and staff. Dozens of neighbors volunteered to make special, plastic face shields for Tanner staff to

Part VI Supplemental Information

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- 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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provide protection during patient care from respiratory droplets associated with COVID 19 and known to carry the disease. In addition, thousands of meals were donated from the community to support front line healthcare workers.

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

Part VI Supplemental Information

Provide the following information.

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- 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.

Villa Rica, Georgia.

Tanner Medical Center/Higgins General Hospital, established to provide
comprehensive health care services through the operation of a 25-bed
critical access hospital in Bremen, Georgia.

Tanner Medical Group, established to operate physician practices in West
Georgia and Eastern Alabama.

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

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

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

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

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****u Attach to Form 990.****u Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection**

Tanner Medical Center Group Return

Employer identification number
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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2019

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 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				
Eric Dalton	(i) 222,469	56,636	10,700	10,683	0	300,488	0
1 Administrator	(ii) 0	0	0	0	0	0	0
Jerry Morris	(i) 116,491	14,569	360	6,749	5,096	143,265	0
2 Administrator	(ii) 77,660	9,713	240	4,499	3,397	95,509	0
Denise Taylor	(i) 120,177	27,361	255	5,950	0	153,743	0
3 CCH	(ii) 162,593	37,018	345	8,050	0	208,006	0
Greg Schulenburg	(i) 69,042	30,255	150	5,300	4,610	109,357	0
4 CIO/COO as of 3/20	(ii) 256,959	40,934	450	7,171	6,237	311,751	0
Deborah Matthews	(i) 138,160	29,162	255	5,950	4,502	178,029	0
5 CNO	(ii) 186,923	39,455	345	8,050	6,092	240,865	0
Susan Fox	(i) 140,410	31,651	255	5,950	4,828	183,094	0
6 SVP, TMG	(ii) 189,967	42,823	345	8,050	6,533	247,718	0
Wayne Senfeld	(i) 170,466	36,924	4,664	5,441	5,261	222,756	0
7 Sr. VP, Bus Dev	(ii) 230,630	49,957	6,310	7,361	7,117	301,375	0
Jim Griffith	(i) 0	0	3,991	0	0	3,991	0
8 Former COO	(ii) 0	0	5,399	0	0	5,399	0
Christopher Arant, MD	(i) 700,875	39,363	445,391	11,854	11,947	1,209,430	0
9 Director/Physician	(ii) 0	0	0	0	0	0	0
Carol Crews	(i) 192,502	41,183	31,953	5,929	4,956	276,523	0
10 CFO	(ii) 260,443	55,718	43,231	8,022	6,705	374,119	0
Chelif Junor, MD	(i) 655,819	0	16,100	12,488	5,047	689,454	0
11 Physician	(ii) 0	0	0	0	0	0	0
Ben Camp, M.D.	(i) 212,940	46,144	255	5,561	4,916	269,816	0
12 VP, Medical Affairs	(ii) 288,095	62,431	345	7,524	6,651	365,046	0
Rajat Jhanjee, MD	(i) 394,095	442,691	48,683	14,000	10,989	910,458	0
13 Physician	(ii) 0	0	0	0	0	0	0
William Hines	(i) 141,271	31,080	32,563	0	0	204,914	0
14 Contract CAO	(ii) 423,813	93,239	97,688	0	0	614,740	0
William Waters, M.D.	(i) 0	0	298,721	0	0	298,721	0
15 Former CMO	(ii) 0	0	404,152	0	0	404,152	0
Shazib Khawaja, M.D.	(i) 786,513	302,811	490,786	13,495	12,047	1,605,652	0
16 Physician	(ii) 0	0	0	0	0	0	0

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Loy Howard	(i) 422,112	90,338	850,278	59,376	5,338	1,427,442	0
1 CEO	(ii) 571,093	122,222	1,150,376	80,332	7,221	1,931,244	0
Paul Perrotti	(i) 129,533	11,460	14,875	4,489	3,316	163,673	0
2 Past COO (left 1/20)	(ii) 175,250	15,505	20,125	6,073	4,486	221,439	0
Tiffany Stanfill, MD	(i) 374,830	231,844	17,500	12,323	4,641	641,138	0
3 Physician	(ii) 0	0	0	0	0	0	0
Onaje Greene, MD	(i) 565,894	0	12,700	12,439	11,947	602,980	0
4 Physician	(ii) 0	0	0	0	0	0	0
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 3 - Related Org Methods Used for Compensation Explanation

The filing organization must rely on the methods employed by the related organization, Tanner Medical Center Inc. (TMC), to determine reasonable compensation for the individuals. Compensation determination by TMC includes an independent compensation committee, independent compensation surveys and board approval. These methods are well documented.

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

	Severance	Nonqualified	Equity-based
Jim Griffith	9,390	0	0
William Waters, M.D.	702,873	0	0
Loy Howard	0	106,708	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 substantial risk of forfeiture and are conditioned upon the

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.

future performance of services. Tanner Medical Center, Inc. long term retention plan is an unfunded top-hat plan that is provided to Mr. Howard. Unpaid plan benefits are subject to substantial risk of forfeiture. All plan benefits are scheduled to vest on or before June 30, 2021. Mr. Howard is also eligible for the Tanner Advantage Deferred Compensation Plan which is an eligible 457(b) top-hat plan available to senior executives and physicians. A contribution equal to the IRS maximum contribution limit for the year is made on Mr. Howard's behalf each year. A payment was made to the CEO that represents amounts earned over the course of 10 years. The annual amounts were held in a deferred compensation and retention plan designed to ensure the executives continued employment with the hospital system. All remaining amounts under the plan were released in the 2019 tax year.

Unrelated Organization Compensation:

Cypress Healthcare Partners, LLC, an unrelated organization, is a consulting firm providing management services to Tanner. The contract for services provided by their employee William Hines, who serves as the Chief

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.

Administrative Officer for TMC and its affiliates, is \$819,654, plus travel. Management services provided by William Hines include directing various departmental operations (TMC Engineering, Dietary, Human Resources etc.), managing physician practices, and hospice and home health operations.

Bonus/Incentive:

The Executive team of the organization is eligible to receive incentive compensation in such amount, if any, as determined by the executive compensation committee of the board in its sole discretion, based on, among other things, the attainment of annual objectives established by the board. Various employees are eligible to receive bonuses and are achievement based.

Annual incentives intended to supplement retirement but paid annually are currently in place for Carol Crews, CFO and Benjamin Camp, CMO. These were approved by the executive compensation committee and reviewed by an independent consultant.

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons**u** Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**u** Attach to Form 990 or Form 990-EZ.**u** Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019Open To Public
Inspection

Employer identification number

80-0785570

Tanner Medical Center Group Return

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total **u** \$ _____**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) West Georgia Ambulance	Board Member	29,327	Ambulance Services		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

Schedule L, Part V - Additional Information

Steve Adams, board member, owns West Georgia Ambulance and Verida Inc.

which provides patient transportation services to Tanner Medical Center,

Inc. The organization follows a specific process to bid out these services

via outside legal counsel to ensure these services are at fair market

value.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Tanner Medical Center Group Return

Employer identification number

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.

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.

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

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 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.

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**u** Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**u** Attach to Form 990.**u** Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Tanner Medical Center Group Return

Employer identification number

80-0785570

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 58-1790152 Carrollton GA 30117-3136	Foundation	GA	501c3	7	TMC		X
(2) Tanner Medical Center, Inc. 705 Dixie Street 58-1790149 Carrollton GA 30117-3818	Hospital	GA	501c3	3	N/A		X
(3) Healthliant, Inc. 705 Dixie Street 58-1790151 Carrollton GA 30117-3818	Healthcare	GA	501c3	12b	N/A		X
(4) Tanner Medical Center Alabama, Inc. 705 Dixie Street 47-5348597 Carrollton GA 30117-3818	Hospital	AL	501c3	3	TMC		X
(5)							

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

Schedule R (Form 990) 2019

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)									
(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 Internal Medicine of Villa Rica	705 Dixie Street Carrollton GA 30117-3818	26-2988495
TMC Carousel Pediatrics Inc	705 Dixie Street Carrollton GA 30117-3818	26-3590073
TMC-Tanner Neurology Associates Inc	705 Dixie Street Carrollton GA 30117-3818	26-3911032
Tanner Medical Group Inc	705 Dixie Street Carrollton GA 30117-3818	26-4045534
Tanner Primary Care of Heflin	140 B Tompkins St Heflin AL 36264-0000	27-3857816
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	58-2453296

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-Behavioral Health of West Georgia	705 Dixie Street Carrollton GA 30117-3818	81-2238385
Tanner Family Healthcare of Franklin Inc	705 Dixie Street Carrollton GA 30117-3818	26-0585684
Tanner Intensive Medical Services	705 Dixie Street Carrollton GA 30117-3818	20-0336940
TMC Haralson Family Health Care Center Inc	705 Dixie Street Carrollton GA 30117-3818	58-2378722
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

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 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
West Georgia Surgery Center, Inc.	705 Dixie Street Carrollton GA 30117-3818	83-3671516
TMC/Buchanan Family Healthcare, Inc.	705 Dixie Street Carrollton GA 30117-3818	58-2502339
Tanner Oncology Services, Inc.	705 Dixie Street Carrollton GA 30177-3818	84-4995668
TMG Northwest Georgia Oncology Center, Inc.	705 Dixie Street Carrollton GA 30177-3818	85-0582557

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20.**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

2019Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Print or Type <u>TMC/Higgins General Hospital Inc</u> Number, street, and room or suite no. If a P.O. box, see instructions. <u>705 Dixie Street</u> City or town, state or province, country, and ZIP or foreign postal code. <u>Carrollton GA 30117-3818</u>	D Employer identification number (Employees' trust, see instructions.) <u>58-2414416</u> E Unrelated business activity code (See instructions.) <u>621500</u>
F Group exemption number (See instructions.) <u>9705</u> G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here
Reference Lab. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No
 If "Yes," enter the name and identifying number of the parent corporation.
Tanner Medical Center, Inc 58-1790149

J The books are in care of Carol Crews Telephone number 770-836-9580

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>160,595</u>				
b	Less returns and allowances		c Balance <u>u</u>	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		<u>160,595</u>
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnership and S corporation (attach statement)			5		
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	<u>160,595</u>	<u>160,595</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)						
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15		
16	Repairs and maintenance			16		
17	Bad debts			17		
18	Interest (attach schedule) (see instructions)			18		
19	Taxes and licenses			19		<u>2</u>
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	<u>0</u>
22	Depletion			22		
23	Contributions to deferred compensation plans			23		
24	Employee benefit programs			24		
25	Excess exempt expenses (Schedule I)			25		
26	Excess readership costs (Schedule J)			26		
27	Other deductions (attach schedule)	<u>See Statement 1</u>		27		<u>119,679</u>
28	Total deductions. Add lines 14 through 27			28		<u>119,681</u>
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29		<u>40,914</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30		
31	Unrelated business taxable income. Subtract line 30 from line 29			31		<u>40,914</u>

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	40,914
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	40,914
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	40,914
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	39,914

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	8,382
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	8,382

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	8,382
48	Other taxes. <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	8,382
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	8,300
c	Tax deposited with Form 8868	51c	82
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total u	51g	
52	Total payments. Add lines 51a through 51g	52	8,382
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> u	53	15
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u	54	15
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u Refunded u	56	

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

57	At any time during the 2019 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 u	Yes	No
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		X

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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	u	u CFO					
Paid Preparer Use Only	Signature of officer	Date	Title	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name			Jacqueline Atkins, CPA	5/14/21		P00861721
	Firm's name	} Draffin & Tucker LLP			Firm's EIN	} 58-0914992	
	Firm's address	} Albany, GA 31708-1309			Phone no.	229-883-7878	

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		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 schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 u				

Schedule F – 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) N/A					
(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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			u		

Schedule G – 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		u				

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).			u			

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	u					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

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

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**u Attach to the corporation's tax return.****uGo to www.irs.gov/Form2220 for instructions and the latest information.****2019**

Name TMC/Higgins General Hospital Inc	Employer identification number 58-2414416
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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	8,382
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	8,382
4 Enter the tax shown on the corporation's 2018 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	8,044
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	8,044

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 10/15/19	12/15/19	03/15/20	06/15/20
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 2,011	2,011	2,011	2,011
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	4,100	2,100	2,100
<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		78	167
13 Add lines 11 and 12	13	4,100	2,178	2,267
14 Add amounts on lines 16 and 17 of the preceding column	14	2,011		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 0	2,089	2,178	2,267
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	0	0	
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 2,011	0	0	0
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	78	167	

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** (2019)

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

20 Number of days from due date of installment on line 9 to the date shown on line 19

21 Number of days on line 20 after 4/15/2019 and before 7/1/2019

22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 6% (0.06)

23 Number of days on line 20 after 6/30/2019 and before 10/1/2019

24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)

25 Number of days on line 20 after 9/30/2019 and before 1/1/2020

26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)

27 Number of days on line 20 after 12/31/2019 and before 4/1/2020

28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 5% (0.05)

29 Number of days on line 20 after 3/31/2020 and before 7/1/2020

30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x *%

31 Number of days on line 20 after 6/30/2020 and before 10/1/2020

32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x *%

33 Number of days on line 20 after 9/30/2020 and before 1/1/2021

34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x *%

35 Number of days on line 20 after 12/31/2020 and before 3/16/2021

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 \$ 15

*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 1-800-829-4933 to get interest rate information.

Form 2220	Form 2220 Worksheet		2019
For calendar year 2019, or tax year beginning <u>07/01/19</u> , and ending <u>06/30/20</u>			

Name <u>TMC/Higgins General Hospital Inc</u>	Employer Identification Number <u>58-2414416</u>
---	---

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>10/15/19</u>	<u>12/15/19</u>	<u>03/15/20</u>	<u>06/15/20</u>
Amount of underpayment	<u>2,011</u>			
Prior year overpayment applied	<u> </u>			

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u> </u>	<u>12/10/19</u>	<u>03/10/20</u>	<u>06/10/20</u>	<u> </u>
Amount of payment	<u> </u>	<u>4,100</u>	<u>2,100</u>	<u>2,100</u>	<u> </u>

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/19	12/10/19	2,011	56	5.00	15
Total Penalty						15
						=====

81824 TMC/Higgins General Hospital Inc

58-2414416

FYE: 6/30/2020

Federal Statements

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
Reference lab		\$ 119,679
Total		\$ 119,679

Public Inspection Copy

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20.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

2019Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type TMC/Villa Rica Hospital, Inc. 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	58-2453303
C Book value of all assets at end of year	F Group exemption number (See instructions.) <u>9705</u>	E Unrelated business activity code (See instructions.) 621500
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here
Reference Lab. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation.
Tanner Medical Center Inc. 58-1790149

J The books are in care of Carol Crews Telephone number 770-836-9580

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	<u>308,856</u>					
b Less returns and allowances		c Balance	<u>1</u>	<u>308,856</u>		
2 Cost of goods sold (Schedule A, line 7)			2			
3 Gross profit. Subtract line 2 from line 1c			3	<u>308,856</u>		<u>308,856</u>
4a Capital gain net income (attach Schedule D)			4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b			
c Capital loss deduction for trusts			4c			
5 Income (loss) from partnership and S corporation (attach statement)			5			
6 Rent income (Schedule C)			6			
7 Unrelated debt-financed income (Schedule E)			7			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)			8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9			
10 Exploited exempt activity income (Schedule I)			10			
11 Advertising income (Schedule J)			11			
12 Other income (See instructions; attach schedule)			12			
13 Total. Combine lines 3 through 12			13	<u>308,856</u>		<u>308,856</u>

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	<u>14</u>
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule) <u>See Statement 1</u>	27	<u>140,667</u>
28 Total deductions. Add lines 14 through 27	28	<u>140,681</u>
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<u>168,175</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income. Subtract line 30 from line 29	31	<u>168,175</u>

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	168,175
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	168,175
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	168,175
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	167,175

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	35,107
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	35,107

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	35,107
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	35,107
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	101
b	2019 estimated tax payments	51b	41,500
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	51g	
52	Total payments. Add lines 51a through 51g	52	41,601
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input checked="" type="checkbox"/>	53	67
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u	55	6,427
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u 6,427 Refunded u	56	

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

57	At any time during the 2019 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 u	Yes	No
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		X

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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	u	u CFO	
Paid Preparer Use Only	Signature of officer	Date	Title
	Print/Type preparer's name	Preparer's signature	Date
	Jacqueline G. Atkins	Jacqueline Atkins CPA	5/14/21
	Firm's name	Firm's EIN	PTIN
	Draffin & Tucker LLP	58-0914992	P00861721
	PO Box 71309		
	Firm's address	Albany, GA 31708-1309	Phone no. 229-883-7878

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		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 schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 u				

Schedule F – 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) N/A					
(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)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	u					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

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

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**u Attach to the corporation's tax return.****uGo to www.irs.gov/Form2220 for instructions and the latest information.****2019**

Name TMC/Villa Rica Hospital, Inc. Employer identification number 58-2453303

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	35,107
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	35,107
4 Enter the tax shown on the corporation's 2018 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	41,202
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	35,107

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 10/15/19	12/15/19	03/15/20	06/15/20
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 8,777	8,777	8,777	8,776
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11 101	20,700	10,400	10,400
<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		3,247	4,870
13 Add lines 11 and 12	13	20,700	13,647	15,270
14 Add amounts on lines 16 and 17 of the preceding column	14	8,676		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 101	12,024	13,647	15,270
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	0	0	
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 8,676	0	0	0
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	3,247	4,870	

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** (2019)

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

20 Number of days from due date of installment on line 9 to the date shown on line 19

21 Number of days on line 20 after 4/15/2019 and before 7/1/2019

22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 6% (0.06)

23 Number of days on line 20 after 6/30/2019 and before 10/1/2019

24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)

25 Number of days on line 20 after 9/30/2019 and before 1/1/2020

26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)

27 Number of days on line 20 after 12/31/2019 and before 4/1/2020

28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 5% (0.05)

29 Number of days on line 20 after 3/31/2020 and before 7/1/2020

30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x *%

31 Number of days on line 20 after 6/30/2020 and before 10/1/2020

32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x *%

33 Number of days on line 20 after 9/30/2020 and before 1/1/2021

34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x *%

35 Number of days on line 20 after 12/31/2020 and before 3/16/2021

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 \$

67

*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 1-800-829-4933 to get interest rate information.

Form 2220	Form 2220 Worksheet		2019
For calendar year 2019, or tax year beginning <u>07/01/19</u> , and ending <u>06/30/20</u>			

Name <u>TMC/Villa Rica Hospital, Inc.</u>	Employer Identification Number <u>58-2453303</u>
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>10/15/19</u>	<u>12/15/19</u>	<u>03/15/20</u>	<u>06/15/20</u>
Amount of underpayment	<u>8,676</u>	<u> </u>	<u> </u>	<u> </u>
Prior year overpayment applied	<u>101</u>	<u> </u>	<u> </u>	<u> </u>

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u> </u>	<u>12/10/19</u>	<u>03/10/20</u>	<u>06/10/20</u>	<u> </u>
Amount of payment	<u> </u>	<u>20,700</u>	<u>10,400</u>	<u>10,400</u>	<u> </u>

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/19	12/10/19	8,676	56	5.00	67
Total Penalty						67
						=====

81825 TMC/Villa Rica Hospital, Inc.

58-2453303

FYE: 6/30/2020

Federal Statements

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
Reference Lab		\$ 140,667
Total		\$ 140,667