

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
 Open to Public
 Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23 , **and ending** 06/30/24
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 \$ 522,810,108**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 9705**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: www.tanner.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 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	12		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10		
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	73		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	337,814		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	336,814		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	4,681,727	Current Year	10,189,039
	9 Program service revenue (Part VIII, line 2g)		434,311,252		502,015,611
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-118,576		-33,249
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,011,046		10,540,615
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443,885,449		522,712,016
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			163,325,067		186,141,583
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25)			0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			235,599,708		278,210,055
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			398,924,775		464,459,371
19 Revenue less expenses. Subtract line 18 from line 12			44,960,674		58,252,645
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year	610,272,320	End of Year
	21 Total liabilities (Part X, line 26)		378,336,474		425,624,619
	22 Net assets or fund balances. Subtract line 21 from line 20		231,935,846		290,188,491

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
	William Edward Phillips			P00451499
	Firm's name	Draffin & Tucker LLP	Firm's EIN	58-0914992
	Firm's address	PO Box 71309 Albany, GA 31708-1309	Phone no.	229-883-7878

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

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 \$ 205,918,834 including grants of \$ 107,733) (Revenue \$ 109,538,989)
 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 \$ 38,187,181 including grants of \$) (Revenue \$ 47,928,245)
 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 \$ 206,847,444 including grants of \$) (Revenue \$ 344,548,377)
 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 450,953,459

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 Rev. Proc. 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 checked="" type="checkbox"/>	<input 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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
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?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	12	1b	10	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 Carol Crews 100 Greenway Blvd.
 Carrollton GA 30117 770-812-8282

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Loy Howard										
CEO	23.00 17.00	X		X				1,279,980	946,071	216,696
(2) Shazib Khawaja, M.D.										
Physician	0.00 40.00					X		0	1,891,539	24,108
(3) Chris Arant, MD										
Director/Physician	2.00 40.00	X						0	1,450,488	23,410
(4) Jim Griffith										
COO	23.00 17.00			X				646,438	477,801	22,185
(5) Greg Schulenburg										
CIO	23.00 17.00			X				785,402	261,801	26,136
(6) Ben Camp, M.D.										
VP, Medical Affairs	23.00 17.00			X				593,739	438,850	22,708
(7) Carol Crews										
CFO	23.00 17.00			X				553,292	408,955	23,289
(8) Tiffany Stanfill, MD										
Physician	0.00 40.00					X		0	913,366	14,964
(9) Rajat Jhanjee, MD										
Physician	0.00 40.00					X		0	858,570	26,086
(10) Deborah Matthews										
CNO	23.00 17.00			X				456,112	337,126	23,482
(11) Onaje Greene, MD										
Physician	0.00 40.00					X		0	724,603	25,964

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Hector Caceres-Serrano, MD (12) Physician	0.00 40.00					X		0	660,241	22,144
(13) Wayne Senfeld (13) Sr. VP, Bus Dev	23.00 17.00			X				348,464	257,560	19,515
(14) Clint Hoffman (14) SVP/TMG	23.00 17.00			X				302,770	223,787	66,571
(15) Bonnie Boles, MD (15) CMIO	30.00 10.00			X				287,448	212,461	17,205
(16) Eric Dalton (16) SVP/Operations	23.00 17.00			X				218,029	161,151	52,802
(17) Michelle Hoehn (17) CNO	23.00 17.00			X				186,220	137,640	5,084
(18) Paula Gresham (18) Admin Willowbrooke	0.00 40.00				X			0	271,178	17,568
(19) Jerry Morris (19) Administrator	0.00 40.00				X			0	253,455	20,807
1b Subtotal								5,657,894	10,886,643	670,724
c Total from continuation sheets to Part VII, Section A								132,889	96,918	11,342
d Total (add lines 1b and 1c)								5,790,783	10,983,561	682,066

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 12

	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 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>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	11,577,331
Northwest GA Oncology Ctrs Marietta GA 30060	531 Roslane St Suite 710 Oncology Svcs	6,565,275
Emory Clinic, Inc Atlanta GA 30368	P O Box 117706 Physician	3,820,221
Atlanta Neuroscience Oncology Center Baltimore MD 21210-2401	9 Blythewood Road Consultants	3,653,192
Emcare Physician Services, Inc. Chicago IL 60693	70362 Collection Center Dr. Physician Servi	1,624,249

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

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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	16,328				
	e	Government grants (contributions)	1e	7,376,218				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,796,493				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				10,189,039			
Program Service Revenue	2a Net Patient Service Revenue			Business Code 623000	501,677,797	501,677,797		
	b Reference Lab - Higgins			621500	208,423		208,423	
	c Reference Lab - VR			621500	129,391		129,391	
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				502,015,611			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				1,564		
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6a Gross rents			(i) Real 31,200 (ii) Personal					
b Less: rental expenses			6b					
c Rental inc. or (loss)			6c	31,200				
d Net rental income or (loss)				31,200	31,200			
7a Gross amount from sales of assets other than inventory			(i) Securities (ii) Other 7a					
b Less: cost or other basis and sales exps.			7b					
c Gain or (loss)			7c					
d Net gain or (loss)				-34,813			-34,813	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			8a					
b Less: direct expenses			8b					
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19			9a					
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances			10a					
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a Non-Patient Pharmacy Revenue			Business Code 621990	8,478,994	8,478,994		
	b Cafeteria			621910	734,545		734,545	
	c Incentives			722514	618,623	618,623		
	d All other revenue			621990	677,253	191,375	485,878	
	e Total. Add lines 11a-11d				10,509,415			
	12 Total revenue. See instructions				522,712,016	510,997,989	337,814	1,187,174

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	107,733	107,733		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,731,815	1,473,898	10,257,917	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	158,704,957	158,704,957		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,013,074	4,833,828	179,246	
9 Other employee benefits	75,362	60,904	14,458	
10 Payroll taxes	10,616,375	10,190,718	425,657	
11 Fees for services (nonemployees):				
a Management	3,448,820	3,448,820		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	33,877,063	31,841,915	2,035,148	
12 Advertising and promotion	223,746	223,746		
13 Office expenses	19,214,867	19,203,222	11,645	
14 Information technology				
15 Royalties				
16 Occupancy	2,571,509	2,420,819	150,690	
17 Travel	433,130	404,647	28,483	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	354,663	344,393	10,270	
20 Interest	32,637		32,637	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,179,031	18,091,313	87,718	
23 Insurance	2,667,772	2,660,784	6,988	
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	99,156,005	99,156,005		
b Medical Supplies	90,036,337	90,036,337		
c Licenses	3,762,661	3,673,924	88,737	
d Cost Transfers	2,325,498	2,210,024	115,474	
e All other expenses	1,926,316	1,865,472	60,844	
25 Total functional expenses. Add lines 1 through 24e	464,459,371	450,953,459	13,505,912	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	1,473,583	1	4,381,883
	2 Savings and temporary cash investments	501	2	30,201
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	56,349,264	4	57,274,728
	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	5,837,732	8	7,298,816
	9 Prepaid expenses and deferred charges	396,659	9	507,930
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 275,423,593		
	b Less: accumulated depreciation	10b 132,329,455	10c	143,094,138
	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	3,510,576	14	5,762,195
	15 Other assets. See Part IV, line 11	404,731,549	15	497,463,219
16 Total assets. Add lines 1 through 15 (must equal line 33)	610,272,320	16	715,813,110	
Liabilities	17 Accounts payable and accrued expenses	19,238,496	17	22,505,312
	18 Grants payable		18	
	19 Deferred revenue	7,383,993	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	351,713,985	25	403,119,307
	26 Total liabilities. Add lines 17 through 25	378,336,474	26	425,624,619
	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		231,935,846	27	290,188,491
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		231,935,846	32	290,188,491
33 Total liabilities and net assets/fund balances		610,272,320	33	715,813,110

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	522,712,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	464,459,371
3	Revenue less expenses. Subtract line 2 from line 1	3	58,252,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	231,935,846
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	290,188,491

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Denise Taylor										
(12) CCH	23.00 17.00			X				132,889	96,918	11,342
(21) Steve Adams										
(13) Director	2.00 0.00	X						0	0	0
(22) Anna Berry										
(14) Director	2.00 0.00	X						0	0	0
(23) Lynn Clarke										
(15) Director	2.00 0.00	X						0	0	0
(24) Jeffrey Lindsey, DMD										
(16) Vice Chairman	2.00 0.00	X		X				0	0	0
(25) Richard Davis										
(17) Director	2.00 0.00	X						0	0	0
(26) Daniel Jackson										
(18) Chairman	2.00 0.00	X		X				0	0	0
(27) Karen Middlebrooks										
(19) Director	2.00 0.00	X						0	0	0
1b Subtotal								132,889	96,918	11,342
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Frederick O'Neal	2.00									
(12) Director	0.00	X						0	0	0
(29) Howard Ray	2.00									
(13) Director	0.00	X						0	0	0
(30) Timothy Warren	2.00									
(14) Director	0.00	X						0	0	0
(31) Gelon Wasdin	0.00									
(15) Treasurer (term 12/23	0.00	X		X				0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

Tanner Medical Center Group Return

Employer identification number

80-0785570

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. 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 — 2022. 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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See**

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

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

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

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

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

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
1		\$ 16,328	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,109,189	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 267,029	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		\$ 972,528	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 18,000	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
7		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 20,000	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		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 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
13	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	\$ 5,000	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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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	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 30,000	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	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	\$ 5,000	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.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	\$ 5,000	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	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	\$ 10,000	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

Employer identification number

Tanner Medical Center Group Return

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	\$ 116,000	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	\$ 5,000	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	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	\$ 20,000	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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 20,000	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
49	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	\$ 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
55	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	\$ 7,250	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
61	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	\$ 110,000	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
67	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	\$ 10,000	Person <input checked="" 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**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

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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 on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- | | |
|---|----------|
| (i) Revenue included on Form 990, Part VIII, line 1 | \$ |
| (ii) Assets included in Form 990, Part X | \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
- | | |
|---|----------|
| a Revenue included on Form 990, Part VIII, line 1 | \$ |
| b Assets included in Form 990, Part X | \$ |

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,886,425		10,886,425
b Buildings		185,670,333	81,121,894	104,548,439
c Leasehold improvements		9,260,755	4,499,558	4,761,197
d Equipment		66,359,313	46,708,003	19,651,310
e Other		3,246,767		3,246,767
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				143,094,138

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) Due from related parties	493,579,388
(2) Other receivables	2,418,457
(3) Due from self insurance trust	1,200,768
(4) Third Party Settlements	264,606
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	497,463,219

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	400,447,072
(3) Third party settlements	1,421,223
(4) Finance lease liabilities	949,679
(5) Operating lease liabilities	301,333
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	403,119,307

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Medical Center, with the exception of Healthliant Enterprises, Inc., is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Medical Center applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Medical Center only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the

Part XIII Supplemental Information (continued)

benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying combined balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2024 and 2023 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

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

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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)			11,382,469		11,382,469	2.45
b Medicaid (from Worksheet 3, column a)			45,582,538	39,132,031	6,450,507	1.39
c Costs of other means-tested government programs (from Worksheet 3, column b)			799,885	680,324	119,561	0.03
d Total. Financial Assistance and Means-Tested Government Programs			57,764,892	39,812,355	17,952,537	3.87
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,987,223	14,464	1,972,759	0.42
f Health professions education (from Worksheet 5)			322,491		322,491	0.07
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)			60,447		60,447	0.01
i Cash and in-kind contributions for community benefit (from Worksheet 8)			627,000		627,000	0.13
j Total. Other Benefits			2,997,161	14,464	2,982,697	0.64
k Total. Add lines 7d and 7j			60,762,053	39,826,819	20,935,234	4.51

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					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total					0	0.00

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** 40,109,649
- 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** 53,033,777
- 6** Enter Medicare allowable costs of care relating to payments on line 5 **6** 48,934,939
- 7** Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 4,098,838
- 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
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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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 20 <u>22</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	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <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 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>www.tanner.org</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **A**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 <input checked="" type="checkbox"/>	
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 checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 <input checked="" type="checkbox"/>	
15 Explained the method for applying for financial assistance?	15 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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

Tanner's prioritized significant health needs identified in the CHNA for the FY 2022-2024 Implementation Strategy are:

- (1) Access to Care
- (2) Mental/Behavioral Health Services
- (3) Chronic Disease Education, Prevention and Management
- (4) Health and Nutrition Education
- (5) Substance Misuse
- (6) Social Determinants of Health

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 5

Tanner Health's (THS) Get Healthy, Live Well (GHLW) coalition led the process of completing each hospital's FY 2022 CHNA.

The GHLW coalition included hospital leaders and representatives, community activists, residents, faith-based leaders, public health leaders and other stakeholders. Coalition members used population-level data and feedback from community focus groups, online surveys and key informant interviews to create recommendations for each hospital's health priorities.

They also used it to develop potential implementation strategies and to identify key partners. Over 280 people were involved in the CHNA process, including those who participated in community focus groups, key informant interviews and online surveys.

Participants included residents, partners and persons who represent the

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.

broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health. Members of low-income, medically underserved and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input.

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

Group A, Facility 1, TMC/Higgins General Hospital - Part V, Line 6b

Group A, Facility 2, TMC/Villa Rica Hospital, Inc. - Part V, Line 6b

Tanner Medical Group, Inc.

TMC Tanner Neurology, Inc.

TMC Carousel Pediatrics, Inc.

TMC Internal Medicine of Villa Rica

TMC Children's Healthcare of West Georgia

TMC Gastroenterology Associates, Inc.

TMC Infectious Diseases of West Georgia, Inc.

TMC West Georgia Behavioral Health

TMC West Georgia Family Medicine, Inc.

TMC Internal Medicine of Carrollton, 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 Internal Medicine Associates

TMC West Georgia Cardiology, Inc.

TMC Home Health, Inc.

TMC Hospice Care, Inc.

TMC Occupational Health, Inc.

TMC Haralson Family Healthcare

TMC Tallapoosa Family Healthcare

TMC West Georgia Anesthesia Associates, Inc.

Tanner Intensive Medical Services

TMC West Carroll Family Healthcare

TMC Immediate Care

Villa Rica OB Gyn, Inc.

TMC Tanner Gynecology, Inc.

Tanner Primary Care of Heflin

West Georgia Center for Plastic Surgery

TMC Buchanan Family Healthcare Center, Inc.

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

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

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

In addition to being made available on Tanner's website, tanner.org, copies of the CHNA were sent to the hospital's board and executive leadership; the

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.

assessment team; community stakeholders who contributed to the assessment; and multiple community leaders, volunteers and organizations that could benefit from the information. Tanner also provided paper copies for distribution upon request. Other communication efforts included presentations of assessment findings throughout the community.

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

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

ACCESS TO CARE:

Tanner developed new clinical programs to expand treatment capabilities, ensuring a continuum of coverage and optimal disease management.

The leading cause of death in Carroll and Haralson Counties and second in Heard County is ischemic heart and vascular disease. Programs implemented to address access to cardiac care included cardiac surgery, electrophysiology, interventional cardiology and thoracic surgery, orthopedic and spine services, neurosurgery, active and independent living,

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.

assisted living and memory care services, innovative outpatient care models, site-specific cancer programs and expansion of primary care services.

Tanner expanded access to surgical services across the region by preparing and launching cardiac surgery, expanding thoracic surgical services, opening a new ambulatory surgery center in Carrollton to provide greater access to orthopedic and spine services, and implementing a general surgery program at Tanner Medical Center/East Alabama.

Tanner also developed and implemented plans for increased patient beds at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica to support service line growth, improve bed flow and access to care for the growing region.

To address primary care needs such as diabetes, high blood pressure, high cholesterol and other chronic diseases, Tanner continued to recruit and add primary care providers throughout the region, filling the ranks of retired providers and ensuring continuity of care.

Tanner continued to leverage telehealth platforms, such as Vivify Health, as an integrated part of our electronic health record, making care more accessible and convenient, particularly since most of the service areas are rural.

Tanner's telehealth platform expands inpatient, outpatient, and post-acute

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

care services to patients throughout the community. Tanner's inpatient teams use robots and tablets integrated into the telehealth platform to facilitate remote specialists in consulting patients for complex conditions relating to psychiatry, maternal-fetal medicine, internal medicine, and emergency medicine.

All Tanner Medical Group practices can complete patient visits via telehealth. Inpatient and ambulatory care management can now assign patients a remote monitoring kit as patients discharge from hospital care to ensure close tracking of vital signs as patients recover in their homes. The Intouch platform and devices integrate into Tanner's teams to schedule and launch visits out of Epic for improved clinician workflows.

The integration also provides an added layer of security to ensure the visits are tied to a specific patient. The remote patient monitoring technology from Vivify also integrates with EPIC to allow patient information to flow across for registration into the Vivify system.

The telehealth platform has also provided follow-up appointments for chronic disease and behavioral health patients who may require routine check-ins.

Tanner opened two cardiothoracic operating suites for its open-heart surgery program at Tanner Medical Center/Carrollton. The health system also increased MyChart activation to connect patients to the health system and Tanner Medical Group as their preferred healthcare partner.

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.

Tanner also embarked on a quality journey to become a high reliability organization (HRO), ensuring the continued delivery of quality care effectively, efficiently, and predictably by conducting Serious Safety event training. The health system also launched Just Culture training and a Culture of Safety Survey.

Tanner expanded care with its acquisition of West Georgia Ambulance, continuing a community paramedic program in which paramedics make daily home visits to assess a patient's health within 24 hours of being discharged from the hospital. Tanner's medical staff determines the number of visits required for each patient. During each visit, paramedics assess the home environment and check the patient's vitals.

The paramedics also determine if the patient is complying with discharge instructions, medications and protocols based on their diagnosis. The program helps reduce the likelihood of readmissions immediately after discharge.

The number of medical providers available in a community directly impacts that community's ability to access care. Tanner's primary service areas of Carroll, Haralson and Heard counties are medically underserved and health professional shortage areas.

To improve access to medical care in the region, Tanner continued to recruit more physicians to practice in the area, enabling patients 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.

choose from a greater number of providers in an expanded field of specialties. During FY 2023, Tanner welcomed 117 new physicians and advanced practice providers (APPs) to its medical staff.

Tanner also provided "Future of Health Care" scholarships in FY 2024 to six students from across the region enrolled in medical school or advanced practice provider programs. In addition, Tanner 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.

Get Healthy, Live Well connects senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program that helps students 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 FY 2023, 146 nursing students participated in the preceptorship program, completing over 2,000 hours. In FY 2023, 99 nursing students participated in the preceptorship program, completing over 1,000 hours. In FY 2024 (through May 2024), 108 nursing students participated, completing more than 1,000 hours.

Tanner continued to develop and expand health career mentoring and internship programs, including Tanner Connections and Tanner Teen Institute programs.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Tanner continued to implement Tanner Cancer Care's Cancer Patient Transportation Program.

Through generous donations to the Tanner Medical Foundation, the health system can ensure patients don't miss a necessary medical appointment just because they don't have a ride.

The cancer center's convenient west Georgia location makes it easier for patients to travel to appointments without needing a ride to Atlanta, Newnan or Birmingham. Tanner Cancer Care staff are also available to pick patients up if needed so they can stay on track with their treatment.

Tanner also continues to provide indigent patient transportation services to qualified patients to and from Tanner treatment/care facilities with a nurse/clinician referral, supported by Tanner Medical Foundation. Additionally, the health system works with public safety, local government, transportation agencies, etc., to achieve convenient, low-cost transportation options.

Tanner is committed to providing financial assistance to persons with healthcare needs who are uninsured or underinsured, ineligible for a government program, and unable to pay for medically necessary care because of their financial situations. Consistent with its mission to provide quality health care to all people, Tanner strives to ensure the financial capacity of people needing healthcare services does not prevent them from receiving or seeking care.

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 2024, Tanner Medical Center, Inc. provided more than \$24 million in charity and indigent care (at cost). Tanner also works closely with and financially supports two community-based indigent clinics, the Rapha Clinic and Latinos United Carroll County Clinic. The clinics provide low-cost and free medical services to area residents who otherwise could not afford care.

Tanner partners with Good Pill Pharmacy, a nonprofit pharmacy dedicated to providing needed medication at an affordable price, regardless of insurance status. Physicians can send a prescription electronically, by phone or fax, or a patient can get a doctor to send it or have Good Pill work a transfer from another pharmacy. In 2016, the Georgia General Assembly passed a law establishing regulations for such a drug donation program.

Tanner Medical Group (TMG) physicians and discharge planners received training on the referral process. As of April 2024, they filled over 20,000 prescriptions.

For more information, visit goodpill.org.

MENTAL/BEHAVIORAL HEALTH SERVICES:

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.

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.

Psychiatric and behavioral health facilities have been closing and residential treatment and inpatient care options across the state have declined. Georgia has the fourth worst access to mental healthcare in America, with 1.52 mental health facilities for every 100,000 residents. There are 466 facilities serving Georgia, which is 41.6% lower than the national average, when calculated per 100,000 residents. Willowbrooke at Tanner continues to explore ways to take the lead providing a broad continuum of quality mental health treatment services while keeping patients in the communities where they reside. Tanner keeps access to a continuum of behavioral health services a phone call away with free, confidential behavioral health assessments from Willowbrooke.

With a call to Willowbrooke at Tanner's help line, 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 within and outside Tanner's continuum of care. Willowbrooke continued developing and providing specialized therapies to its patients during the year, including expressive therapy, rhythmic therapy, animal-assisted therapy, and equestrian therapy.

Willowbrooke at Tanner participates in the Carroll County Crisis Response Team (CCCRT), which responds to 911 calls that are psychiatric or substance use-related with a POST-certified law enforcement officer, who is also a paramedic, and a licensed clinician (LPC/LCSW) whose goal is to respond, resolve, and refer in order for the community member to gain immediate

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.

access to behavioral health care, as well as, avoid any unnecessary interaction/escalation with law enforcement, resulting in legal consequences or worse. This partnership will allow those in crisis to bypass the Emergency Department (with inherent long wait times) and receive care faster.

The team will also follow up with the individual days after the crisis to ensure they follow up with recommended care and continue monitoring their stability/progress. This unit responds to an average of 40 calls monthly.

Willowbrooke at Tanner also has a clinician who provides treatment in Douglas County through Hope Court, Douglas County's mental health court.

Willowbrooke at Tanner continued implementing and expanding its school-based behavioral health therapy services in the region. In FY 2024, the division partnered with school systems to have licensed behavioral health counselors in about 40 elementary, middle and high schools, offering direct access to mental health services to hundreds of school-aged children and their families.

Willowbrooke Counseling Center's staff offer comprehensive outpatient counseling and therapies to help patients get their lives back on track. The center serves children, adolescents, adults, couples, and families. Willowbrooke Counseling Center becomes each patient's treatment partner, providing personalized assessment, support and an actionable treatment plan that targets a variety of behavioral, emotional, mental health and

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

substance abuse needs and conditions. The center helps patients with anger management, anxiety, phobias and panic, bipolar disorder, and other mood disorders, coping and adjustment, depression and seasonal affective disorder, dual diagnosis (behavioral and substance abuse), grief and loss issues, LGBTQ health, identity impulse control disorders, family discord, parenting, PTSD, stress, substance abuse and recovery and trauma recovery. Willowbrooke Counseling Center's counselors and therapists work with individuals, families, and groups to treat mental, behavioral, emotional, and substance abuse problems and disorders.

The team includes licensed professional counselors, licensed associate professional counselors, licensed clinical social workers, licensed master social workers, licensed associate marriage and family therapists, and licensed marriage and family therapists.

There's more at WillowbrookeCounselingCenter.org.

The Willowbrooke Psychiatric Center provides comprehensive psychiatric and medication management services to help patients of all ages find their way back to a healthy mind, life and body. The center serves children, adolescents, and adults, with a dedicated office for children and adolescents in the Mirror Lake medical office building at 101 Quartz Drive and offices for adults at 209 Cooley Drive in Villa Rica and at 100 Doctors Drive, in Carrollton.

Willowbrooke Psychiatric Center's board-certified psychiatrists diagnose

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.

and treat mental health issues through psychiatric evaluations, psychotherapeutic intervention, and medication management. The psychiatrists treating children and adolescents aged 5 to 17 at Willowbrooke Psychiatric Center all specialize in child and adolescent psychiatry.

Willowbrooke Psychiatric Center provides patient-focused psychiatric care for the following issues, depending on the patient's age and needs: anger management; anxiety disorders; attention deficit hyperactive disorder (ADHD); bipolar disorder; dual diagnosis (behavioral and substance abuse problems); family issues; grief and loss; impulse control disorders; major depression; marriage and relationship issues; posttraumatic stress disorder (PTSD); psychosomatic disorders; schizophrenia; substance abuse trauma.

More at WillowbrookePsychiatricCenter.org.

Willowbrooke at Tanner has a strong history of successfully collaborating with other agencies, including law enforcement, 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.

During fiscal years 2020-2024, Willowbrooke at Tanner held educational seminars for mental health professionals - including social workers,

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.

marriage and family therapists and licensed professional counselors - offering Continuing Education Units (CEUs) to attendees. The division continues to provide medical school education to Morehouse School of Medicine's psychiatric clinical rotations.

Tying in primary care providers with mental health providers is vital to Tanner's efforts to provide holistic care to every patient.

CHRONIC DISEASE EDUCATION, PREVENTION AND MANAGEMENT:

Tanner has a long-standing commitment to advancing community health and successfully developing and implementing population health approaches to best meet the needs of the communities it serves, employing a variety of strategies aimed at the deterrence, early detection and minimization or cessation of disease in the population.

In 2012, Tanner established Get Healthy, Live Well (GHLW), a multi-sector coalition with over 35 task forces consisting of over 600 community volunteers and over 270 local, state, and national partners. GHLW is engaging people, ideas, and resources to develop and implement various evidence-based interventions to reduce chronic disease risks and promote healthy lifestyles for the 167,654 residents of Carroll, Haralson and Heard counties.

Taskforce memberships include county and city governments, parks and recreation departments, school boards and schools, colleges and universities, restaurants, Boys and Girls Clubs, convenience stores, farm

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.

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, GHLW has made significant gains to improve the health status of the communities Tanner serves.

From Fall 2019 through April 2025, GHLW volunteers have provided an average of 10,100 hours of service annually, an estimated worth of \$243,800 per year.

For additional information on Get Healthy, Live Well, visit gethealthylivewell.org.

GHLW implemented a variety of efforts to reduce exposure to secondhand smoke and reduce tobacco and vaping use among youth and adults from FY 2023 to FY 2025. The Freshstart nicotine cessation program, developed by the American Cancer Society, has been augmented by the GHLW coalition's efforts to assist local organizations since 2012 implement tobacco-free policies, impacting more than 65,000 individuals.

In FY2023, 2024, and 2025, GHLW developed and presented Vaping Risks and Dangers program to faculty, staff, students and parents at area middle and high schools impacting more than 2,000 youth and families. In FY2024, GHLW implemented the Freedom to Quit program, developed by the American Lung Association, facilitating the program both in-person and virtually quarterly.

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.

GHLW continued to implement a variety of interventions to increase access to physical activity opportunities in the community, including its partnership with the West Georgia Track Club to implement Move It Mondays, an eight-week program designed to turn walkers into joggers. Since 2019, there have been more than 330 participants. Annually since September 2019 through September 2024, Tanner was presenting sponsor of the Carrollton Half Marathon in partnership with the City of Carrollton and the West Georgia Track Club, showcasing the Carrollton Greenbelt with more than 1,000 race participants each year.

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 use free online health risk assessments for various health conditions - including diabetes, heart disease and colorectal cancer.

GHLW has held seven screening events during FY 2024 through partnerships with faith-based organizations, senior centers and community resource agencies, offering blood pressure, glucose, and cholesterol screenings and healthy lifestyle education. In addition, CPR educational events were held on five different occasions, reaching 220 residents.

Tanner's GHLW staff updates physicians on patient referrals, progress, and

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.

outcomes. Since launching a robust community clinical linkages (CCL) referral process in early 2016, more than 12,000 individuals have been referred to a GHLW program, with about 250 area clinicians currently providing referrals.

In the last four years, GHLW implemented new wellness programs for ten employers, representing more than 2,600 employees, to determine current efforts and implement new strategies to increase access to affordable, healthy food and beverages and promote physical activity. Initiatives included, but were not limited to, weight loss and walking meeting challenges, hydration challenges, providing technical assistance in vending machine policies and fitness center planning and more.

Each year, Tanner provides its more than 4,000 employees free wellness assessments, including a cholesterol screening, blood glucose reading, body mass index (BMI) check and more. The initiative continues to cultivate a healthier workforce through programs like HealthBridge/chronic disease management and Livongo for Diabetes.

This includes expanding HealthBridge's health coaching program. GHLW also improved organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction and management in worksites by requiring annual nurse practitioner visits for HealthBridge participants.

GHLW conducted screening health assessments at worksites that included

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.

feedback, health education and employee referral to services that align with their health needs. Worksites screenings included the Carroll EMC, the city of Carrollton, the city of Villa Rica and Pilgrim's Pride, Carroll County Water Authority, Georgia Power Corporation, and Greystone Power Corporation.

GHLW also provided training and technical assistance to worksites in developing and implementing policy, systems and environmental public service announcements promoting chronic disease prevention, risk reduction and management. This resulted in the city of Villa Rica and Haralson County Board of Commissioners implementing a wellness program strategy.

Tanner employees also have 24-hour access to Tanner Health Source exercise facilities, featuring cardio and weight-training equipment at its campuses in Carrollton, Villa Rica and Bremen. The investments have paid dividends in improved health for Tanner's employees. The average BMI of Tanner's workforce has dropped from 35 in 2010 to 29.76 in 2024. The average blood pressure reading for employees also has dropped, from 125/76 in 2010 to 121/72 in 2024. In FY2025, Tanner invested in a 4th employee fitness center.

To improve the health of a community, education, as well as healthy food access and physical activity opportunities, is key. That's why GHLW moved into a new facility in FY2021 which helps fill the need for more spaces promoting healthy, active lifestyles.

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.

GHLW hosts a variety of classes and programs in the building, including Cooking Matters (CM), Diabetes Prevention Program (DPP), Freshstart and Freedom to Quit nicotine cessation programs, Food as Medicine (FAM), Living Well with Diabetes, Living Well Workshop and Tai Chi for Health. The building includes a state-of-the-art teaching kitchen where GHLW staff host healthy cooking classes.

It also features the Healthy Food Farmacy, providing free boxes of fresh, nutritious food for food-insecure participants of its FAM program. The program is for area residents struggling with controlling diabetes or high blood pressure and the cost of healthy foods.

GHLW has expanded its FAM health coaching program to better equip patients to manage their chronic conditions and live healthier, more active lives. Through a collaboration with the Atlanta Community Food Bank, qualifying participants can visit the Healthy Food Farmacy and "shop" weekly with GHLW's specially trained team members. GHLW staff help participants choose healthier options, plan meals, and learn healthier ways to prepare them. The facility also offers lifestyle and cooking classes, diabetes and high blood pressure education and more, so participants can take control of their condition.

GHLW increased access to community-based chronic disease preventive services and self-management programs in organizational settings (e.g., faith-based organizations, worksites, and community-based organizations) by chartering a Population Health Management services organization to focus on

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.

improving clinical health outcomes through enhanced care coordination and patient engagement. Work group meetings are ongoing.

GHLW also established programs for The Birches at Villa Rica, The Birches on Maple, Villa Rica and Bremen Public Libraries, the Bremen and Heard County Senior Centers. These programs educate seniors on how to manage chronic conditions and live healthier lives.

GHLW 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. These programs include DPP, FAM, Get Healthy Kids, Living Well with Diabetes, Living Well Workshop, Freshstart, Freedom to Quit and Tai Chi for Health.

During FY 2024, GHLW programs, health screenings and other community-based education events (i.e., Living Well Education Series, task force meeting, etc.) reached more than 13,582 individuals. The programs, screenings and events focused on a wide range of subjects so participants could learn more about their health and how to live well.

Tanner provided more health education by sponsoring the "Community Voice" radio program, featuring physicians and other health professionals discussing health-related subjects to improve health literacy.

Breast cancer is the most common cancer diagnosed in west Georgia women, and early detection is key to successfully battling the disease. That's why

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.

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. After a refresh, our mobile unit is back on the road providing mammograms throughout our service area.

For more information regarding Health and Nutrition Education, Substance Misuse, and Social Determinants of Health needs, please see the organization's website.

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

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

Group A, Facility 2, TMC/Villa Rica Hospital, Inc. - Part V, Line 3e
Upon review, analysis and prioritization of the CHNA findings, the priority areas to be addressed during the FY 2023-2025 Implementation Strategy include:

1 Access to Care

2 Mental/Behavioral Health Services

3 Chronic Disease Education, Prevention and Management

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.

4 Health and Nutrition Education

5 Substance Misuse

6 Social Determinants of 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.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c - Other Income Based Criteria for Free or Discounted Care

In addition to looking at a multiple of the federal poverty guidelines,
other factors are considered such as the patient's financial status and/or
ability to pay as determined through the assessment process.

Part I, Line 7 - Costing Methodology Explanation

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

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

Part II - Community Building Activities

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

Tanner is proactive in addressing the social determinants of health and the underlying root causes of poor health. We support the World Health Organization's definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Tanner provides a variety of community-building activities to strengthen the community's capacity to promote the health of well-being of its residents. As one of the largest employers in its communities, Tanner participates in and contributes to local chambers of commerce and civic organizations, ensuring economic development, growth, and stability.

Tanner participates in and supports youth programs focusing on leadership skills, enhancing academic success, improving health, cultivating community responsibility and offering career exploration.

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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- 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.

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

We support and work with a host of regional, state and national organizations - including the University of West Georgia, the Community Foundation of West Georgia, state District 4 Public Health, CDC, U.S. Department of Agriculture, National Complete Streets Coalition, Diabetes Training and Technical Assistance Center, Georgia Department of Family and Children Services, Northwest Georgia Public Health, Share Our Strength, American Cancer Society, American Diabetes Society and others - to promote the community's health and safety.

Tanner prepares for emergencies, utility failures, natural disasters and other potential disruptions, working with federal, state, and local governments, local business consortiums, community leaders and public

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

safety agencies to ensure effective community-wide responses to unplanned events.

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

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

Part III, Line 2 - Bad Debt Expense Methodology

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

Any discounts provided or payments made to a particular account are applied

Part VI Supplemental Information

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

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

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

Part III, Line 8 - Medicare Explanation

Medicare allowable costs are computed in accordance with cost reporting methodologies utilized on the Medicare Cost Report and in accordance with related regulations. Indirect costs are allocated to direct service areas using the most appropriate statistical basis.

Tanner does not believe any Medicare shortfall should be treated as community benefit. This is best practice according to the Catholic Health

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Association recommendations, which state serving Medicare patients is not a distinguishing feature of tax-exempt health care organizations and that the existing community benefit framework allows community benefit programs that serve the Medicare population to be counted in other community benefit categories.

Part III, Line 9b - Collection Practices Explanation

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

Patients who qualify as indigent receive a 100% write-off and are not responsible for any portion of their bill.

Patients approved for financial assistance receive a notification letter and a wallet card that is good for one year from the determination date. Interest-free installment plans are available to all patients, and payment amounts are determined by the patient's ability to pay.

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

Part VI, Line 2 - Needs Assessment

All of Tanner Medical Center, Inc.'s tax-exempt hospitals assess the healthcare needs of their respective communities once every three years.

Tanner's CHNA is an organized, formal and systematic approach to identify and address the needs of underserved communities across Tanner's geographic footprint. The CHNA guides the development and implementation of a comprehensive plan to improve health outcomes for residents disproportionately affected by disease.

This CHNA also informs the creation of an implementation strategy for future community health programming and community benefit resource

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

In FY 2022, Tanner Medical Center, Inc.'s two acute care hospitals - Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica - and Tanner's critical access hospital, Higgins General Hospital in Bremen, completed a comprehensive CHNA to identify the health needs of their communities further. Tanner completed previous CHNAs in FY 2013, FY 2016, FY 2019, and FY 2022.

These comprehensive multifactor assessments included collecting and analyzing quantitative data and qualitative input from residents gathered through key informant interviews, community listening sessions, and focus groups. Through the CHNA process, Tanner has identified the greatest health needs among its hospital's communities.

This enables the health system to ensure it appropriately directs its

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resources toward outreach, prevention, education, and wellness opportunities, where it will have the most significant impact. In selecting priorities, Tanner considered the degree of community need for additional resources, the capacity of other agencies to meet the need and the suitability of Tanner's expertise to address the issue.

The health system looked for health needs that require a coordinated response across various healthcare and community sectors. Responding to key CHNA findings, the priority areas to be addressed during fiscal years 2023-2025 by Tanner Medical Center, Inc. includes (1) Access to Care; (2) Mental/Behavioral Health Services (3) Chronic Disease Education, Prevention and Management; (4) Health and Nutrition Education; (5) Substance Misuse; and (6) Social Determinants of Health.

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

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

Tanner refers patients who meet the criteria for Medicaid eligibility to an outside vendor for assistance. A patient with a family income up to 200% (two times) of the Federal Poverty Guidelines (FPG) based on family size receive a 100% discount for medically necessary services.

Patients with large, medically necessary medical bills which have created a financial hardship are considered for a sliding scale discount. The lower the patient's discretionary income and the higher the healthcare bills allow for more charity allowances.

Patients whose family income exceeds two times the applicable FPG may also qualify for sliding scale discounts on medically necessary services. Tanner provides translation assistance for patients as needed.

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Financial assistance policy information is available free of charge in paper and electronic form in the following areas: 1) Posted on hospital walls in registration areas for patients, families and visitors; 2) Printed in fliers available at registration desks for patients and families; 3) Printed in fliers and posted on walls mounts throughout hospitals; 4) Mailed to patients with statements; 5) Communicated to patients during phone calls; 6) Printed flyers available at local physician offices; 7) Printed flyers provided to local advocacy groups/agencies such as Family & Children Services (DFCS) and health departments; 8) Printed in local newspaper annually for the community; 9) Provided to local physician office management meetings annually; 9) Posted on Tanner's website tanner.org.

Part VI, Line 4 - Community Information

Tanner Medical Center, Inc. delivers care to diverse communities across west Georgia.

Following is a summary and demographics of the communities served by Tanner. Tanner's hospitals define the community as the geographic area the

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hospitals serve based on hospital utilization data without regard to insurance coverage of eligibility for financial assistance under THS's Financial Assistance Policy.

The primary service area for all three of Tanner's hospitals - Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital in Bremen - includes the geographic areas of Carroll, Haralson and Heard counties, covering 1,077 square miles of predominantly rural area (73% rural) with a total population of 160,479 (U.S. Census Bureau, 2021). Carroll, Haralson and Heard counties consist of rural and suburban communities where a mixture of hospital systems, private practices, rural health clinics, indigent clinics and other social services meet residents' health needs.

The proximity of Tanner's acute care hospitals (within a 12-20-mile radius of each other) - Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica - and the critical access hospital, Higgins General Hospital, provide west Georgia residents multiple access points for a

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variety of healthcare-related services. These facilities work collaboratively to leverage existing assets and resources throughout Tanner's overall primary service area of Carroll, Haralson and Heard counties to best meet the health needs of their communities.

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

Demographics (data gathered from 2024 County Health Rankings and the U.S. Census Bureau, 2022 estimates) of Carroll County (designated as a medically underserved area, with a community served by Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica): Population 124,592; 68.7% non-Hispanic White, 19.7% non-Hispanic Black, 7.9% Hispanic, 0.6% American Indian and Alaska Native, 1.2% Asian, 0.1% Native Hawaiian/Other Pacific Islander; average income \$72,595; uninsured adults 20%, uninsured children 7%; unemployment 3.1%; below poverty level 16.3%. Demographics of Haralson County (designated as a medically underserved

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area, the community served by Higgins General Hospital): Population 31,337; 89.9% non-Hispanic white, 4.7% non-Hispanic Black, 2.4% Hispanic, 0.4% American Indian and Alaska Native, 0.9% Asian; average income \$57,900; uninsured adults 19%, uninsured children 7%; unemployment 3%; below poverty level 14.9%. Demographics of Heard County (designated as a medically underserved area, the community served by Tanner Medical Center/Carrollton): Population 11,725; 83.7% non-Hispanic White, 9.6% non-Hispanic Black, 3.6% Hispanic, 0.6% American Indian and Alaska Native, 0.6% Asian; average income \$62,965; uninsured adults 21%, uninsured children 8%; unemployment 3%; below poverty level 16.7%.

Part VI, Line 5 - Promotion of Community Health

In FY 2024, Tanner Medical Center (Group) provided more than \$60 million in community benefit services, including charity care at cost and a range of diverse programs designed to enhance access and promote the community's health.

Tanner Medical Center is a nonprofit organization dedicated to improving

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

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

To the benefit of the community, a board of directors governs Tanner Medical Center, Inc. Most of the board comprises persons who reside throughout Tanner's primary service area and are neither contractors nor employees of the organization (nor family members thereof). The Tanner Medical Center, Inc. Board of Directors ensures that the health system

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develops programs to address the disproportionate unmet health-related
needs of the communities it serves.

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

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

These areas include the characteristics and history of local communities
with disproportionate unmet health-related needs, clinical service
delivery, analysis of service utilization and population health data,
primary preventive health initiatives, social services, youth and family
services, finance, and accounting. The community benefit committee of the

Schedule H (Form 990) 2023

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

Part VI, Line 6 - Affiliated Health Care System

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

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

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

Tanner Medical Center/Villa Rica, established to provide comprehensive health care services through the operation of a 52-bed acute care hospital and Willowbrook at Tanner/Villa Rica, a 92-bed psychiatric facility in Villa Rica, Georgia.

Tanner Medical Center/Higgins General Hospital, established to provide comprehensive health care services through the operation of a 25-bed

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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 I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

Tanner Medical Center Group Return

Employer identification number

80-0785570

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Tanner Medical Foundation 109 College Street Carrollton GA 30117-3136	58-1790152	501c3	107,733				General Support
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) 2023

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

See Schedule I Supplemental Information Worksheet

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SCHEDULE I (Form 990)	Supplemental Information		2023
For calendar year 2023, or tax year beginning		07/01/23 , and ending	06/30/24
Name of the organization Tanner Medical Center Group Return			Employer identification number 80-0785570

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

The organization's Board of Directors establishes key measures of system-wide community benefit performance and receive regular reports on progress toward established goals. In fulfilling these responsibilities, the Board designated a Community Benefit Committee that includes at least three Board members, with a majority representation from a range of community stakeholders who have expertise in areas such as the characteristics and history of local communities with disproportionate unmet health-related needs, clinical service delivery, analysis of service utilization and population health data, primary preventive health initiatives, social services, youth and family services, finance and accounting. The Community Benefit Committee of the Board participates in the process of establishing program priorities based on community needs and assets, developing the organization's community benefit implementation strategy and monitoring progress toward identified goals.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2023**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

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Loy Howard	(i) 721,447	449,264	109,269	115,911	8,792	1,404,683	0
1 CEO	(ii) 533,243	332,064	80,764	85,673	6,320	1,038,064	0
Shazib Khawaja, M.D.	(i) 0	0	0	0	0	0	0
2 Physician	(ii) 787,470	654,563	449,506	9,914	14,194	1,915,647	0
Chris Arant, MD	(i) 0	0	0	0	0	0	0
3 Director/Physician	(ii) 703,403	321,142	425,943	9,096	14,314	1,473,898	0
Jim Griffith	(i) 374,320	212,711	59,407	6,641	6,115	659,194	0
4 COO	(ii) 276,671	157,221	43,909	4,909	4,520	487,230	0
Greg Schulenburg	(i) 519,014	194,225	72,163	6,304	8,724	800,430	0
5 CIO	(ii) 64,905	143,558	53,338	4,660	6,448	272,909	0
Ben Camp, M.D.	(i) 349,535	195,478	48,726	5,568	7,489	606,796	0
6 VP, Medical Affairs	(ii) 258,352	144,483	36,015	4,116	5,535	448,501	0
Carol Crews	(i) 326,293	179,850	47,149	6,641	6,750	566,683	0
7 CFO	(ii) 241,173	132,933	34,849	4,909	4,989	418,853	0
Tiffany Stanfill, MD	(i) 0	0	0	0	0	0	0
8 Physician	(ii) 374,877	533,089	5,400	9,820	5,144	928,330	0
Rajat Jhanjee, MD	(i) 0	0	0	0	0	0	0
9 Physician	(ii) 537,811	278,234	42,525	11,550	14,536	884,656	0
Deborah Matthews	(i) 178,119	206,118	71,875	6,641	6,861	469,614	0
10 CNO	(ii) 131,653	152,348	53,125	4,909	5,071	347,106	0
Onaje Greene, MD	(i) 0	0	0	0	0	0	0
11 Physician	(ii) 563,179	126,579	34,845	11,550	14,414	750,567	0
Hector Caceres-Serrano, MD	(i) 0	0	0	0	0	0	0
12 Physician	(ii) 276,551	380,390	3,300	11,550	10,594	682,385	0
Wayne Senfeld	(i) 268,622	79,554	288	5,665	5,556	359,685	0
13 Sr. VP, Bus Dev	(ii) 198,547	58,800	213	4,187	4,107	265,854	0
Clint Hoffman	(i) 198,471	90,211	14,088	30,600	7,679	341,049	0
14 SVP/TMG	(ii) 146,696	66,678	10,413	22,617	5,675	252,079	0
Bonnie Boles, MD	(i) 226,027	61,421	0	5,528	4,365	297,341	0
15 CMIO	(ii) 167,063	45,398	0	4,086	3,226	219,773	0
Eric Dalton	(i) 161,608	56,421	0	30,361	0	248,390	0
16 SVP/Operations	(ii) 119,449	41,702	0	22,441	0	183,592	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michelle Hoehn CNO	(i)	143,838	37,552	4,830	1,105	1,818	189,143	0
	(ii)	106,315	27,755	3,570	817	1,344	139,801	0
2 Paula Gresham Admin Willowbrooke	(i)	0	0	0	0	0	0	0
	(ii)	204,264	35,572	31,342	6,132	11,436	288,746	0
3 Jerry Morris Administrator	(i)	0	0	0	0	0	0	0
	(ii)	219,282	34,023	150	9,467	11,340	274,262	0
4 Denise Taylor CCH	(i)	132,140	0	749	4,841	1,681	139,411	0
	(ii)	96,365	0	553	3,578	1,242	101,738	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 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Loy Howard	0	167,534	0
Clint Hoffman	0	41,667	0
Eric Dalton	0	41,667	0

Part III - Other Additional Information

Retirement Plan:

Loy Howard, CEO, participates in an ineligible unfunded 457(f) plan provided to senior executives as set by his employment contract. The plan benefits are subject to a substantial risk of forfeiture and are conditioned upon the future performance of services. Mr. Howard is also eligible for the Tanner Advantage Deferred Compensation Plan which is an eligible 457(b) top-hat plan available to senior executives and physicians. A contribution equal to the IRS maximum contribution limit for the year is made on Mr. Howard's behalf each year.

Bonus/Incentive:

The Executive team of the organization is eligible to receive incentive

Part III Supplemental Information

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

compensation in such amount, if any, as determined by the executive

compensation committee of the board in its sole discretion, based on, among

other things, the attainment of annual objectives established by the board.

Various employees are eligible to receive bonuses and are achievement

based.

Annual incentives intended to supplement retirement but paid annually are

currently in place for Carol Crews, CFO; Jim Griffith, COO; Clint Hoffman,

SVP/TMG; and Benjamin Camp, CMO. These were approved by the executive

compensation committee and reviewed by an independent consultant.

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

OMB No. 1545-0047

2023**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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

80-0785570

Tanner Medical Center Group Return

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)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**

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

Public Inspection Copy

Federal Statements

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

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
TMC Internal Medicine of Villa Rica	705 Dixie Street Carrollton GA 30117-3818	26-2988495
TMC-Tanner Neuroscience Specialist	705 Dixie Street Carrollton GA 30117-3818	82-1697361
Tanner Medical Group Inc	705 Dixie Street Carrollton GA 30117-3818	26-4045534
Tanner Primary Care of 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 GA 30117-3818	58-2453296
TMC-Behavioral Health of West Georgia	705 Dixie Street Carrollton	81-2238385

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	
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
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

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>
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 30117-3818	84-4995668
TMG Northwest Georgia Oncology Center, Inc.	705 Dixie Street Carrollton GA 30117-3818	85-0582557
Tanner Health Network, LLC	705 Dixie Street Carrollton GA 30117-3818	86-1277220
Tanner Behavioral Health Management Company	705 Dixie Street Carrollton GA 30117-3818	81-3549718
Healthliant Enterprises Senior Living LLC	705 Dixie Street Carrollton GA 30117-3818	85-3867139
Wedowee Specialty Clinic, Inc.	705 Dixie Street Carrollton GA 30117-3818	86-3479943

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

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning 07/01/23, and ending 06/30/24.

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed. 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) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Tanner Medical Center Group Return Number, street, and room or suite no. If a P.O. box, see instructions. 705 Dixie Street City or town, state or province, country, and ZIP or foreign postal code Carrollton GA 30117-3818	D Employer identification number 80-0785570 E Group exemption number (see instructions) 9705 F <input type="checkbox"/> Check box if an amended return.
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 <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity		C Book value of all assets at end of year 715,813,110	
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800		I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1		K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	
L The books are in care of Carol Crews		Telephone number 770-812-8282	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	337,814
2 Reserved	2	
3 Add lines 1 and 2	3	337,814
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	337,814
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	337,814
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	336,814

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	70,731
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	70,731

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			70,731
3a Amount due from Form 4255	3a			
b Amount due from Form 8611	3b			
c Amount due from Form 8697	3c			
d Amount due from Form 8866	3d			
e Other amounts due (see instructions)	3e			
f Total amounts due. Add lines 3a through 3e	3f			
4 Total tax. Add lines 2 and 3f (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			70,731
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **990-T** (2023)

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year	6a	
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Elective payment election amount from Form 3800	6g	
h Payment from Form 2439	6h	
i Credit from Form 4136	6i	
j Other (see instructions)	6j	
7 Total payments. Add lines 6a through 6j	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8	4,384
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	75,115
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

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

	Yes	No
1 At any time during the 2023 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		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
.....	\$	
.....	\$	
.....	\$	
.....	\$	
.....	\$	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____ Date _____ Title CFO				
Paid Preparer Use Only	Print/Type preparer's name William Edward Phillips	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00451499
	Firm's name Draffin & Tucker LLP				Firm's EIN 58-0914992
	Firm's address PO Box 71309				Phone no.
	Albany, GA 31708-1309				229-883-7878

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.

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

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

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

E Describe the unrelated trade or business Reference Lab VR

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) <u>See Stmt 1</u>	12	337,814		337,814
13 Total. Combine lines 3 through 12	13	337,814		337,814

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) <u>See Statement 2</u>	14	
15 Total deductions. Add lines 1 through 14	15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	337,814
17 Deduction for net operating loss. See instructions	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	337,814

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Schedule A (Form 990-T) 2023

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

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.**2023**

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

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

Part I Required Annual Payment

1 Total tax (see instructions)	1	70,731
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	70,731
4 Enter the tax shown on the corporation's 2022 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	72,929
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	70,731

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 10/15/23	12/15/23	03/15/24	06/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10 17,683	17,683	17,683	17,682
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14	17,683	35,366	53,049
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	17,683	35,366	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17 17,683	17,683	17,683	17,682
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2023)

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 4/15/2023 and before 7/1/2023

22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 7% (0.07)

23 Number of days on line 20 after 6/30/2023 and before 10/1/2023

24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 7% (0.07)

25 Number of days on line 20 after 9/30/2023 and before 1/1/2024

26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 8% (0.08)

27 Number of days on line 20 after 12/31/2023 and before 4/1/2024

28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x *%

29 Number of days on line 20 after 3/31/2024 and before 7/1/2024

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

31 Number of days on line 20 after 6/30/2024 and before 10/1/2024

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

33 Number of days on line 20 after 9/30/2024 and before 1/1/2025

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

35 Number of days on line 20 after 12/31/2024 and before 3/16/2025

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 \$ 4,384

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

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

Form 2220		Form 2220 Worksheet		2023	
		For calendar year 2023, or tax year beginning		07/01/23	, and ending 06/30/24
Name					Employer Identification Number
Tanner Medical Center Group Return					80-0785570
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Due date of estimated payment	10/15/23	12/15/23	03/15/24	06/15/24	
Amount of underpayment	17,683	17,683	17,683	17,682	
Prior year overpayment applied _____					
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/23	11/15/24	17,683	397	8.00	1,539
2	12/15/23	11/15/24	17,683	336	8.00	1,302
3	3/15/24	11/15/24	17,683	245	8.00	950
4	6/15/24	11/15/24	17,682	153	8.00	593
Total						4,384
						=====

Federal Statements

FYE: 6/30/2024

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

Description	Amount
Reference Lab - Higgins	\$ 208,423
Reference Lab - VR	129,391
Total	\$ 337,814

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

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