

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Tanner Medical Center Group Return		<b>D</b> Employer identification number 80-0785570	
	Doing business as		<b>E</b> Telephone number 770-836-9580	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 705 Dixie Street			
	City or town, state or province, country, and ZIP or foreign postal code Carrollton GA 30117-3818			<b>G</b> Gross receipts \$ 394,344,086
	<b>F</b> Name and address of principal officer: Loy Howard 705 Dixie Street Carrollton GA 30117-3818			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions Stmt 1		
<b>J</b> Website: ▶ <a href="http://www.tanner.org">www.tanner.org</a>		<b>H(c)</b> Group exemption number ▶ 9705		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1999	<b>M</b> State of legal domicile: GA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	11	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0	
	<b>6</b> Total number of volunteers (estimate if necessary)	6	53	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	365,363	
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	159,539		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		5,595,256	5,363,374
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		331,475,303	386,988,198
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-128,214	-276,936
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,566,376	1,992,514
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		338,508,721	394,067,150
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		126,651,098	143,667,550
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,286,588	140,699,657
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		318,937,686	284,367,207
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		19,571,035	109,699,943
	<b>20</b> Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)		469,761,069	578,865,891
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		392,485,840	391,890,719
		77,275,229	186,975,172	

**Part II Signature Block**

Under penalty 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.

<b>Sign Here</b>	Signature of officer		Date	
	Carol Crews Type or print name and title		CFO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed P00451499
	Firm's name ▶ Draffin & Tucker LLP	Firm's EIN ▶ 58-0914992		
	Firm's address ▶ PO Box 71309 Albany, GA 31708-1309	Phone no. 229-883-7878		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O response

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 (X) Yes (X) 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 (X) Yes (X) 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 \$ 66,461,846 including grants of \$ ) (Revenue \$ 70,513,068 )

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 \$ 30,447,780 including grants of \$ ) (Revenue \$ 44,190,230 )

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 \$ 178,609,235 including grants of \$ ) (Revenue \$ 271,919,537 )

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 275,518,861

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	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 <b>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	11		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	9		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ GA
- 18** Section 6104 requires an organization to make its 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 705 Dixie Street  
 Carrollton GA 30117 770-836-9580

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Daniel Jackson Chairman	2.00 0.00	X		X				0	0	0
(2) Jeffrey Lindsey, DMD Vice Chairman	2.00 0.00	X		X				0	0	0
(3) Mary Covington Secretary	2.00 0.00	X		X				0	0	0
(4) Gelon Wasdin Treasurer	2.00 0.00	X		X				0	0	0
(5) Steve Adams Director	2.00 0.00	X						0	0	0
(6) Anna Berry Director	2.00 0.00	X						0	0	0
(7) Howard Ray Director	2.00 0.00	X						0	0	0
(8) Timothy Warren Director	2.00 0.00	X						0	0	0
(9) Lynn Clarke Director	2.00 0.00	X						0	0	0
(10) Frederick O'Neal Director	2.00 0.00	X						0	0	0
(11) Chris Arant, MD Director/Physician	2.00 0.00	X						0	1,203,460	20,247

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) Eric Dalton Administrator	40.00 0.00			X				241,969	0	20,939
(13) Jerry Morris Administrator	40.00 0.00			X				200,997	0	21,398
(14) Paula Gresham Admin Willowbrooke	40.00 0.00				X			226,832	0	14,532
(15) Denise Taylor CCH	23.00 17.00			X				202,016	149,316	12,900
(16) Greg Schulenburg CIO/COO	23.00 17.00				X			453,818	151,272	65,730
(17) Deborah Matthews CNO	23.00 17.00			X				221,616	163,804	62,902
(18) Susan Fox SVP, TMG	23.00 17.00				X			229,817	169,864	18,029
(19) Wayne Senfeld Sr. VP, Bus Dev	23.00 17.00			X				266,668	197,102	20,769
<b>1b Subtotal</b>								2,043,733	2,034,818	257,446
<b>c Total from continuation sheets to Part VII, Section A</b>								6,556,287	1,417,541	330,369
<b>d Total (add lines 1b and 1c)</b>								8,600,020	3,452,359	587,815

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 **249**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Apogee Medical Mgmt Scottsdale AZ 85254-2685	15059 N. Scottsdale Rd Suite 600 Physicians	9,516,295
AYA Healthcare, Inc. Dallas TX 75312	Dept 3519, P O Box 12351 Nursing Svc	7,008,955
Northwest GA Oncology Ctrs Marietta GA 30060	531 Roslane St Suite 710 Oncology Svcs	4,967,334
Atlanta Neuroscience Oncology Center Baltimore MD 21210-2401	9 Blythewood Road Consultants	3,653,192
Southern Therapy Services, Inc. Carrollton GA 30117-3303	120 East Center Street Therapy Svcs	2,014,443

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 **47**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	25,314			
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,456,021			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,882,039			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f		5,363,374			
<b>Program Service Revenue</b>	<b>2a</b> Net Patient Service Revenue	Business Code 623000	386,622,835	386,622,835		
	<b>b</b> Reference Lab - VR	621500	197,448		197,448	
	<b>c</b> Reference Lab - Higgins	621500	167,915		167,915	
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		386,988,198			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6b</b> Less: rental expenses				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales exps.	<b>7b</b>			276,936
		<b>c</b> Gain or (loss)	<b>7c</b>			-276,936
	<b>d</b> Net gain or (loss)		-276,936			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>			
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> Non-Patient Pharmacy Revenue	Business Code 621990	628,719		628,719	
	<b>b</b> Cafeteria	722514	486,037		486,037	
	<b>c</b> Incentives	621990	482,314	482,314		
	<b>d</b> All other revenue	621990	395,444	374,859	20,585	
	<b>e Total.</b> Add lines 11a-11d		1,992,514			
<b>12 Total revenue.</b> See instructions		394,067,150	387,480,008	365,363	858,405	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,634,958	865,445	2,769,513	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	128,151,492	124,638,426	3,513,066	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,667,219	3,520,844	146,375	
<b>9</b> Other employee benefits	55,751	38,976	16,775	
<b>10</b> Payroll taxes	8,158,130	7,779,985	378,145	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	3,401,730	3,401,730		
<b>b</b> Legal	5,901		5,901	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,133,992	34,853,986	1,280,006	
<b>12</b> Advertising and promotion	108,776	108,776		
<b>13</b> Office expenses	17,155,029	16,979,010	176,019	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,240,241	2,104,258	135,983	
<b>17</b> Travel	172,363	138,656	33,707	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	230,515	226,281	4,234	
<b>20</b> Interest	41,682		41,682	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	14,840,797	14,734,405	106,392	
<b>23</b> Insurance	1,379,082	1,375,286	3,796	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	60,488,067	60,488,067		
<b>b</b> Licenses	2,623,390	2,594,805	28,585	
<b>c</b> Noncompete agreement	950,000	950,000		
<b>d</b> Repairs and Maintenance	733,156	687,135	46,021	
<b>e</b> All other expenses	194,936	32,790	162,146	
<b>25</b> Total functional expenses. Add lines 1 through 24e	284,367,207	275,518,861	8,848,346	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	1,253,025	<b>1</b>	4,616,560
	<b>2</b> Savings and temporary cash investments		<b>2</b>	10,001
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	41,124,685	<b>4</b>	48,385,675
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	4,908,044	<b>8</b>	5,381,867
	<b>9</b> Prepaid expenses and deferred charges	315,995	<b>9</b>	377,594
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 245,952,627		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 110,267,237	143,039,199	<b>10c</b> 135,685,390
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	2,545,200	<b>14</b>	2,181,600
	<b>15</b> Other assets. See Part IV, line 11	276,574,921	<b>15</b>	382,227,204
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	469,761,069	<b>16</b>	578,865,891	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	12,824,264	<b>17</b>	13,385,424
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	3,962,614	<b>19</b>	9,275,038
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	10,335,176	<b>23</b>	195,168
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	365,363,786	<b>25</b>	369,035,089
	<b>26 Total liabilities.</b> Add lines 17 through 25	392,485,840	<b>26</b>	391,890,719
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	77,275,229	<b>27</b>	186,975,172
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	77,275,229	<b>32</b>	186,975,172	
<b>33</b> Total liabilities and net assets/fund balances	469,761,069	<b>33</b>	578,865,891	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	394,067,150
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	284,367,207
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	109,699,943
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	77,275,229
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	186,975,172

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</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 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) Carol Crews CFO	23.00 17.00			X				346,031	255,761	21,376
(21) Ben Camp, M.D. VP, Medical Affairs	23.00 17.00				X			441,812	326,558	22,900
(22) Rajat Jhanjee, MD Physician	40.00 0.00					X		926,033	0	21,965
(23) William Hines Contract CAO	30.00 10.00			X				211,906	70,635	0
(24) Shazib Khawaja, M.D. Physician	40.00 0.00					X		1,614,113	0	21,497
(25) Loy Howard CEO	23.00 17.00			X				1,034,442	764,587	182,863
(26) Tiffancy Stanfill, MD Physician	40.00 0.00					X		802,969	0	14,616
(27) Olusegun Sheyin, MD Physician	40.00 0.00					X		604,813	0	22,501
<b>1b Subtotal</b>								5,982,119	1,417,541	307,718
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** 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 in 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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>		
9b	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>		
9c	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>		
10b	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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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>b</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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
<b>b</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.		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 .....			
b	From 2017 .....			
c	From 2018 .....			
d	From 2019 .....			
e	From 2020 .....			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 .....			
b	Excess from 2018 .....			
c	Excess from 2019 .....			
d	Excess from 2020 .....			
e	Excess from 2021 .....			



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 25,314	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 2,229,944	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 226,077	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 669,306	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 710,723	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ ..... 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Tanner Medical Center Group Return</b>	Employer identification number <b>80-0785570</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	..... ..... .....	\$ ..... 10,000	Person <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	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	..... ..... .....	\$ ..... 10,000	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	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	..... ..... .....	\$ 20,000	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	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	..... ..... .....	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Tanner Medical Center Group Return

Employer identification number

80-0785570

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	..... ..... .....	\$ ..... 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	..... ..... .....	\$ ..... 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	..... ..... .....	\$ ..... 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	..... ..... .....	\$ ..... 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

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	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	..... ..... .....	\$ ..... 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	..... ..... .....	\$ ..... 46,000	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 <b>Tanner Medical Center Group Return</b>	Employer identification number <b>80-0785570</b>
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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	..... ..... .....	\$ ..... 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	..... ..... .....	\$ ..... 5,000	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	..... ..... .....	\$ ..... 6,000	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
43	..... ..... .....	\$ ..... 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	..... ..... .....	\$ ..... 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	..... ..... .....	\$ ..... 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Tanner Medical Center Group Return

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
49	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	..... ..... .....	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	..... ..... .....	\$ 5,000	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	..... ..... .....	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	..... ..... .....	\$ 49,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>Tanner Medical Center Group Return</b>	Employer identification number <b>80-0785570</b>
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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	..... ..... .....	\$ ..... 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	..... ..... .....	\$ ..... 10,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	..... ..... .....	\$ ..... 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	..... ..... .....	\$ ..... 5,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Tanner Medical Center Group Return</b>	Employer identification number <b>80-0785570</b>
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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	..... ..... .....	\$ ..... 5,000	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	..... ..... .....	\$ ..... 50,000	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	..... ..... .....	\$ ..... 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	..... ..... .....	\$ 9,755	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

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80-0785570

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet.

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.

Table with 2 columns: Description, Amount. Rows include: 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,065,005		11,065,005
b Buildings		165,265,586	64,941,638	100,323,948
c Leasehold improvements		9,228,559	3,264,259	5,964,300
d Equipment		58,763,960	42,061,340	16,702,620
e Other		1,629,517		1,629,517

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  135,685,390

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Due from related parties	377,525,059
(2) Other receivables	4,372,010
(3) Due from self insurance trust	1,799,744
(4) Third Party Settlements	-1,469,609
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	382,227,204

**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	367,207,827
(3) Finance lease liabilities	1,203,702
(4) Operating lease liabilities	623,560
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	369,035,089

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 XIII Supplemental Information** *(continued)*

Public Inspection Copy



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<input checked="" type="checkbox"/>	
<b>b</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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5,228,302		5,228,302	1.84
<b>b</b> Medicaid (from Worksheet 3, column a)			34,820,551	37,426,723	0	0.00
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			340,118	443,656	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			40,388,971	37,870,379	5,228,302	1.84
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,060,111	69,556	990,555	0.35
<b>f</b> Health professions education (from Worksheet 5)			825		825	0.00
<b>g</b> Subsidized health services (from Worksheet 6)					0	0.00
<b>h</b> Research (from Worksheet 7)			93,472		93,472	0.03
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			663,602		663,602	0.23
<b>j Total.</b> Other Benefits			1,818,010	69,556	1,748,454	0.61
<b>k Total.</b> Add lines 7d and 7j			42,206,981	37,939,935	6,976,756	2.45

**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		63,000		63,000	0.02
3	Community support		3,000		3,000	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		123,236		123,236	0.04
9	Other				0	0.00
10	<b>Total</b>		<b>189,236</b>		<b>189,236</b>	<b>0.07</b>

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

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
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		
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)	42,582,967
6	Enter Medicare allowable costs of care relating to payments on line 5	42,736,228
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	-153,261
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	X	
9b	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	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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



**Part V Facility Information (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 A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>22</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
<b>6b</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	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.tanner.org</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>www.tanner.org</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <u>\$</u>		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	<input checked="" type="checkbox"/>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	<input checked="" type="checkbox"/>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.tanner.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.tanner.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.tanner.org</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<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
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</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)		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group A

		Yes	No
<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> 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		
<b>c</b>	<input checked="" type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.		X
<b>24</b>	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.		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

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

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

They also used 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 broad interests of the community served by the hospital, including those



**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.

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 - 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.

TMC Internal Medicine Associates

TMC West Georgia Cardiology, 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 Home Health, Inc.

TMC Hospice Care, Inc.

TMC Occupational Health, Inc.

TMC Haralson Family Healthcare

TMC Tallapoosa Family Healthcare

TMC West Georgia Anesthesia Associates, Inc.

Tanner Intensive Medical Services

TMC West Carroll Family Healthcare

TMC Immediate Care

Villa Rica OB Gyn, Inc.

TMC Tanner Gynecology, Inc.

Tanner Primary Care of Heflin

West Georgia Center for Plastic Surgery

TMC Buchanan Family Healthcare Center, Inc.

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

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

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

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

**Part V Facility Information** (continued)

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

The identification of health needs was shaped by an awareness of public health concerns, assessment data and each hospital's strengths in the context of the system's priorities. Additionally, when selecting final targeted health priorities, Tanner considered additional variables such as the availability of evidence-based solutions as well as existing partnerships and programming. These components were used to identify priority areas. Focus groups participated in a prioritization exercise that involved classifying and ranking identified needs and assets. It also involved discussing what current or new initiatives and partners should be included in the hospital's three-year implementation plans.

The goal was to determine how to best support the highest prioritized needs while leveraging community assets and resources. Through this process of evaluation, six priority health issues were selected from the broader list of priorities identified in the CHNA as specific areas of focus for each of Tanner's Health System's hospitals (Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica, Higgins General Hospital) Community Health Implementation Strategy, including:

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

Tanner's long-standing commitment to the community is deeply rooted in its mission. The organization remains committed to improving the community's health through daily patient care activities as well as outreach,

**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.

prevention, education and wellness opportunities. With the help of community partners, Tanner has successfully implemented programs that help west Georgia residents with the healthcare and preventive services they need.

Below are some of the steps taken to meet the significant health needs identified in Tanner's FY 2022 CHNA by Community Health Implementation Strategy priority area.

**ACCESS TO CARE:**

Tanner continued to develop new clinical programs to expand treatment capabilities and ensure a full continuum of coverage and optimal disease management. Programs implemented included cardiac surgery, electrophysiology, interventional cardiology and thoracic surgery, orthopedic and spine services, active and independent living, 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 patient bed expansion at Tanner Medical Center Carrollton and Villa Rica to support service line growth and access to care for the growing region.

During fiscal years 2020-2022, the patient-centered medical home (PCMH)/patient-centered specialty practice (PCSP)/patient-centered connected care (PCCC) models were expanded to more practices throughout

**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.

west Georgia and east Alabama, furthering the ability of patients with greater medical needs to manage their care in an outpatient setting.

The COVID-19 pandemic forced telemedicine to play an even more critical role in curbing the exposure to and transmission of infectious diseases while helping keep our front lines safe and ensure they have the resources to respond adequately to the challenges presented by COVID-19. Through assistance from the Federal Communications Commission (FCC) COVID-19 Telehealth Program grant in 2020, Tanner has expanded its existing telemedicine platform through InTouch Health to include additional specialties and locations, and remote patient monitoring (RPM) technologies through Vivify Health, all integrated with Tanner's electronic health record, EPIC.

Tanner uses its telehealth platform to expand inpatient, outpatient and post-acute care services to all patients throughout the community. Tanner's inpatient teams use robots and tablets integrated into the telehealth platform to allow remote specialists to consult patients for complex conditions relating to psychiatry, maternal-fetal medicine, internal medicine and emergency medicine.

All of Tanner's 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 for hospital care to ensure close tracking of vital signs as patients convalesce in their homes. The Intouch platform and devices integrate to allow 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

**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.

technology from Vivify also integrates with EPIC to allow for patient information to flow across for registration into the Vivify system. Sixty-seven patients are currently in the RPM program as of May 2023. Tanner's expansion of its telehealth platform has freed up resources to manage our current reality through several key measures. Telehealth has supported physical distancing efforts to reduce COVID-19 virus transmission and ensured care availability to those who need it most by triaging low-risk urgent care. It has also provided follow-up appointments for chronic disease and behavioral health patients who may require routine check-ins. By reducing unnecessary visits to healthcare environments, Tanner's expanded telehealth platform aims to curb the exposure to and transmission of infectious diseases while helping keep front-line workers safe and ensure they have the resources needed to take on the challenges presented by COVID-19. Tanner completed the open-heart build and configuration. The health system also increased myChart activation to connect patients to the health system and Tanner Medical group as their preferred healthcare partner. Additionally, Tanner established a quality journey to high reliability (HRO) to ensure the continued delivery of quality care effectively, efficiently and predictably by conducting Serious Safety event training. The health system also conducted Just Culture training and a Culture of Safety Survey. In February 2021, Tanner partnered with West Georgia Ambulance to launch a community paramedic program in Carrollton. As part of the program, paramedics make daily home visits to assess a patient's health within 24 hours of being discharged from the hospital.

**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 medical staff determines the number of visits required. During each visit, paramedics assess the home environment and check the patient's vitals.

They 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.

As of May 2023, medical staff referred 315 patients to the program. Tanner also expanded patient transport services between Tanner facilities with the purchase of West Georgia Ambulance in September 2022.

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 combat this problem and improve access to medical care in the region, Tanner continued to recruit more physicians to practice in the area, enabling patients to choose from a greater number of providers in an expanded field of specialties. During FY 2022, Tanner welcomed 6 new physicians to its medical staff, representing specialties in obstetrics and gynecology, psychiatry, anesthesiology, cardiology, dermatology, primary care, radiation oncology, and ear, nose and throat (ENT).

Tanner also provided 5 "Future of Health Care" scholarships in FY 2022 to students from across the region that are enrolled in medical school or advanced practice provider programs and 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

**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.

clinics. In addition, Get Healthy, Live Well is connecting senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program that will help them increase knowledge and gain skills in community health work. Each nursing student is required to complete 20 hours of programming assistance with Get Healthy, Live Well. In FY 2022, 146 nursing students participated in the preceptorship program, completing over 2,000 hours. In FY 2023 (through May 2003), 99 nursing students participated in the preceptorship program, completing over 1,000 hours.

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

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

Through generous donations to the Tanner 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 or Birmingham. Tanner Cancer Care center 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



**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.

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 citizens, Tanner strives to ensure the financial capacity of people needing healthcare services does not prevent them from receiving or seeking care.

During FY 2022, Tanner Medical Center, Inc. provided more than \$11 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.

GHLW partnered with Good Pill Pharmacy, a nonprofit pharmacy dedicated to getting people the medication they need at an affordable price, regardless of insurance status. Stanford University students founded Good Pill to help the uninsured, underinsured, and others struggling to pay prescription costs.

It's a mail-order operation where 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 2022, they made over 20,000

**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.

prescriptions. For more information, visit [goodpill.org](http://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.

With facilities closing and declines in residential treatment and inpatient care options across the state, Willowbrooke at Tanner continues to look at ways to take the lead on providing a broad continuum of quality mental health treatment services while keeping patients in the communities in which they 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 access to behavioral health care, as well as, avoid any unnecessary

**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.

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.

The division is also partnering with Douglas County Juvenile Court to create a juvenile mental health court called "Second Chance Court."

Willowbrooke at Tanner continued implementing and expanding its school-based behavioral health therapy services in the region. In FY 2022, the division partnered with eight school systems to have 12 licensed behavioral health counselors in elementary, middle and high schools, offering direct access to mental health services to hundreds of school-aged children and their families.

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

Willowbrooke Counseling Center's counselors offer comprehensive outpatient counseling and therapies to help patients get their lives back on track.

The center serves children, adolescents, adults, couples and families.

**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.

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 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. Learn more at [WillowbrookeCounselingCenter.org](http://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, at 523 Dixie Street, Suite 4, in Carrollton, and at 958 Joe Frank Parkway, Suite 103-B, in Cartersville.

Willowbrooke Psychiatric Center's nine board-certified psychiatrists diagnose and treat a variety of mental health issues through psychiatric

**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.

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 issues, impulse control disorders, major depression, marriage and relationship issues, posttraumatic stress disorder (PTSD), psychosomatic disorders, schizophrenia, substance abuse trauma. Learn more at [WillowbrookePsychiatricCenter.org](http://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 2020-2022, Willowbrooke at Tanner held multiple educational seminars for mental health professionals, including social workers, marriage and family therapists, and licensed professional counselors, offering Continuing Education Units (CEUs) to attendees. The division continues its partnership with Augusta University to provide medical school education to the Medical College of Georgia medical students' psychiatric clinical rotations.

**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.

Willowbrooke at Tanner is also partnering with Morehouse School of Medicine to offer medical education training after the school requested to be the provider of all psychiatric clinical rotations for their medical students. Additionally, the division is partnering with Emory to be a training site for their fourth and fifth-year child and adolescent physicians in their psychiatric fellowship training.

Willowbrooke at Tanner offered a public education program to train adults in the community to help children and adolescents struggling with mental health issues. The Youth Mental Health First Aid (YMHFA) program helps provide youth with the best opportunity to succeed in school, at home and throughout their lives.

YMHFA taught individuals who work and interact with young people to respond when a child is experiencing a behavioral health challenge or crisis. The program doesn't teach participants how to diagnose mental health issues; instead, it teaches them to use a five-step action plan to help and support young people in non-crisis and crises.

These situations include experiencing thoughts of suicide, self-harming or substance abuse. In January 2021, 13 Healthy Haralson Youth Mental Health task force members attended a training class and were certified in YMHFA. Also, in January 2021, 20 Healthy Haralson Junior Leadership Team students participated in a non-certification training event and learned the basic aspects of YMHFA.

In September 2022, Tanner hosted a free webinar with Carroll County Schools to help educate the community on how to start the conversation about mental health. An audience of parents, caregivers, educators and teens watched a special, web-based panel discussion titled "Stand Up to Stigma: Breaking

**Part V Facility Information** (continued)

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

the Silence, Changing the Conversation."

Webinar attendees learned about mental health and how to reduce the stigma surrounding it. The event featured a question-and-answer session with a panel of behavioral health experts from Willowbrooke at Tanner and Carroll County Schools.

The panelists shared facts about mental health, warning signs of mental illness and where to get help. A recording is available online at [tanner.org/stigma](http://tanner.org/stigma).

Through the COVID-19 pandemic, Willowbrooke at Tanner worked to ensure access to behavioral health services during a challenging time. Through referrals from EPIC, Tanner's electronic health record system, the health system continued serving patients with leading-edge behavioral health services online as patients remained at home.

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 at the population level.

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

**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.

healthy lifestyles for the 167,654 residents of Carroll, Haralson and Heard counties.

Taskforce memberships include representatives from county and city governments, parks and recreation departments, school boards and schools, colleges and universities, restaurants, boys and girls clubs, convenience stores, farm 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 May 2023, 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](http://gethealthylivewell.org).

GHLW implemented a variety of efforts to reduce exposure to secondhand smoke and reduce tobacco use among youth and adults during FY 2022 and 2023. The Freshstart nicotine cessation program, developed by the American Cancer Society, has been augmented by the GHLW coalition's efforts to assist over 20 local organizations since 2012 in implementing tobacco-free policies, impacting over 65,000 individuals.

GHLW continued to implement a variety of interventions to increase access to physical activity opportunities in the community. This included continuing 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 330 participants. In September 2019, September



**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.

2021 and September 2022, Tanner Health System presented the Carrollton Half Marathon in partnership with the City of Carrollton and the West Georgia Track Club, helping showcase the Carrollton GreenBelt with over 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 three screening events during FY 2022 through partnerships with three faith-based organizations, offering blood pressure screenings and healthy lifestyle education, reaching over 200 residents. In addition, CPR educational events were held on five different occasions, reaching 140 residents.

Tanner's GHLW staff updates physicians on patient referrals, progress and outcomes. Since launching a robust CCL linkages referral process in early 2016, over 8,750 individuals have been referred to a GHLW program, with nearly 130 area clinicians currently providing referrals.

In January 2022, GHLW implemented a new wellness program for local employers, providing comprehensive chronic disease and healthy lifestyle education programs. Staff hosted on-site vaccine clinics at local business and industry sites.

In the last four years, GHLW implemented new wellness programs for eight employers, representing over 2,400 employees, to determine current efforts

**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 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.

In September and October 2021, GHLW and the Carroll County Chamber of Commerce hosted an online series about navigating the pandemic for business leaders. The event provided insight into how businesses can remain strong during a crisis.

A panel of local experts and speakers discussed: vaccinations, how to keep the workplace safe, how to help employees deal with challenges they face at work and home and more.

GHLW's employee wellness program employs registered dietitians, exercise specialists and health coaches who work with employees and lead group classes to help employees lose weight, manage chronic diseases and adopt healthier habits.

Each year, GHLW provides all 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.

**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 conducted screening health assessments at worksites that included 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 Pilgrims Pride.

GHLW also provided training and technical assistance to worksites in developing and implementing policy, systems and environmental (PSA) modification strategies that promote chronic disease prevention, risk reduction and management. This resulted in the city of Villa Rica implementing a wellness program strategy.

Tanner employees also have 24-hour access to Tanner Health Source exercise facilities, which feature cardio and weight-training equipment, at its hospital 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 30.53 in 2022. The average blood pressure reading for employees also has dropped, from 125/76 in 2010 to 117/78 in 2022.

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 that will help fill the need for more spaces promoting healthy, active lifestyles.

GHLW hosts a variety of classes and programs in the building, including Cooking Matters (CM), Diabetes Prevention Program (DPP), Freshstart nicotine cessation program, 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.

**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.

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.

More information is available if requested.

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Public Inspection Copy

Name and address	Type of Facility (describe)
1 Tallapoosa Family Healthcare 25 W Lyon St  Tallapoosa GA 30176	Rural Health Clinic
2 Haralson Family Healthcare 204 Allen Memorial Dr Suite 201  Bremen GA 30110	Rural Health Clinic
3 Buchanan Medical Clinic 30 Buchanan Bypass  Buchanan GA 30113	Rural Health Clinic
4 West Carroll Family Healthcare 1125 E Highway 166  Bowdon GA 30108	Rural Health Clinic
5 TMC/Home Health, Inc. 705 Dixie Street  Carrollton GA 30117	Home Health Agency
6 TMC/Hospice Care, Inc. 705 Dixie Street  Carrollton GA 30117	Hospice
7 TMC Occupational Health, Inc. 705 Dixie Street  Carrollton GA 30117	Therapy
8 TMC Immediate Care, Inc. 705 Dixie Street  Carrollton GA 30117	Outpatient Clinic

**Part VI Supplemental Information**

Provide the following information.

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

Part I, Line 7 - Costing Methodology Explanation

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

Part II - Community Building Activities

At Tanner, efforts to promote the health of the communities it serves go beyond providing health services. Tanner takes a proactive approach to address the social determinants of health and the underlying root causes of poor health. Tanner does this by supporting the World Health Organization's definition of health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Tanner provides a variety of community-building activities to strengthen the community's capacity to promote the health of well-being of its residents. Representing some of the largest employers in their communities, Tanner's hospitals actively participate in and contribute to local chambers of commerce and civic organizations to ensure the economic development, growth

**Part VI Supplemental Information**

Provide the following information.

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and stability of their local communities. Tanner participates in and  
supports youth programs that focus on developing leadership skills,  
enhancing academic success, improving health, cultivating community  
responsibility, and offering career exploration opportunities.

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

To address the healthcare workforce shortage, Tanner continues to foster  
its established, strong partnerships with local community colleges and  
universities, including the University of West Georgia and West Georgia  
Technical College. The University of West Georgia's nursing program - which

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

Part III, Line 2 - Bad Debt Expense Methodology

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

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

See pages 18-21 on the accompanying audited financial statements for footnote disclosure related to uninsured patients, price concessions and bad debts.

Part III, Line 8 - Medicare Explanation

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



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

Part III, Line 9b - Collection Practices Explanation

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

Part VI, Line 2 - Needs Assessment

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

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

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

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informant interviews, community listening sessions and focus groups.

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

Continued from Part V

SOCIAL DETERMINANTS OF HEALTH:

In November 2019, Healthy Haralson hosted Bridges Out of Poverty, a three-

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and-a-half-hour workshop designed for civic leaders, policymakers, educators and those concerned with developing sustainable solutions to poverty in their communities. The workshop was led by noted author Terie Dreussi-Smith, M.Ed. and had over 130 community participants. Bridges Out of Poverty provided a complete approach to understanding poverty in the west Georgia area, offering tools and strategies for alleviating poverty and its impact.

In July 2020, a 12-month pilot program for a new innovative Food As Medicine program was launched, providing 26 participants (low-income, food-insecure patients with - A1Cs greater than 8.0 - and hypertension) with free, nutritious food and a comprehensive suite of diabetes, social and environmental services. Food As Medicine participants are provided support that includes nutritionist and Certified Diabetes Educator (CDE) consultations, diabetes self-management classes and healthy cooking classes in a newly built teaching kitchen. They're also provided with ongoing care coordination/navigation and are allowed to visit the program's new Healthy Food Farmacy twice per month to receive 10-30 pounds of healthy food based on household size. A comprehensive evaluation of the Food As Medicine

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program is being provided by an external evaluation team from the University of West Georgia's Department of Health and Community Wellness. Initial evaluation results show potentially significant improvements in biometric results (BMI, A1C, blood pressure) and efficacy to better manage their disease by the end of the one-year program. Since its launch, GHLOW expanded its Food As Medicine program to include 50 patients with hypertension.

**COVID-19 RESPONSE:**

On March 16, 2020, Governor Kemp declared COVID-19 a public health emergency for the State of Georgia, effective March 14, 2020, the first-ever public health emergency declared in the state. Tanner's efforts to respond to the COVID-19 public health emergency in FY 2020 and FY 2021 included a variety of activities to help ensure the highest quality of care for our communities and safe work environments for our employees. These activities were clear changes to operational and clinical norms targeted to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation for COVID-19.

Tanner Health System employed a variety of emergency protective measures as

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

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access, testing centers, etc.); and increasing disinfection efforts at each of Tanner's facilities specifically to combat the risk of spread of COVID-19.

Tanner implemented several emergency medical care activities, including: purchasing and distributing COVID-19 diagnostic testing exams and a variety of personal protective equipment (face shields, gloves, masks, gowns, scrubs); leasing additional respiratory equipment (oxygen, respirators, BIPAP) to treat COVID-19 patients; retrofitting separate areas to screen and treat individuals with suspected COVID-19 infections, including establishing temporary exterior patient care facilities outside its emergency departments to assess potentially large numbers of persons under investigation for COVID-19 infection; establishing drive-thru testing centers and acute hospital testing centers; retrofitting existing hospital rooms to become negative pressure rooms at each hospital facility; renting additional hospital beds to increase capacity to treat COVID-19 patients; increasing medical waste disposal services and cleaning/disinfection costs of scrubs, masks, linen bags and gowns; and expanding the use of telehealth technologies to further support physical distancing efforts to reduce virus

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transmission and ensure care availability to those who need it most by triaging low-risk urgent care, and providing follow-up appointments for chronic disease and behavioral health patients who may require routine check-ins. In addition, Tanner was one of almost 2,200 health care systems across the country that joined the Mayo Clinic Expanded Access Program to test the efficacy of convalescent plasma from someone who has overcome COVID-19 to help other sick patients survive the disease and recover faster.

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



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volunteered to make special plastic face shields for Tanner staff to provide protection during patient care from respiratory droplets associated with COVID-19 and known to carry the disease. In addition, thousands of meals were donated from the community to support front-line healthcare workers.

Since the first COVID-19 vaccine approvals in December 2020, Tanner has been committed to following guidance from the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health to take a leadership role in vaccinating the community. After inoculating its healthcare team, the health system began making the vaccine available to those 65 and older. Tanner administered both the vaccines that have received emergency use authorization from the Food and Drug Administration (FDA), from biotech firms Moderna and Pfizer-BioNTech. Both vaccines require two doses to achieve 95% effectiveness. Tanner implemented multiple vaccination clinics as doses of the vaccine arrived at multiple locations in west Georgia, catalyzing regional partnerships to provide venues for vaccine administration, including area churches. The health system established an online form for patients and caregivers and community

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members to provide their information to be signed up for vital COVID-19 information, including upcoming vaccination clinics. As of Sept. 10, the health system has administered over 19,000 doses of the COVID-19 vaccine. Tanner Health System led or participated in a range of community-focused activities to share expertise and updates on patient activity - from infection rates to patient deaths - with key leaders and the community as a whole throughout the community. These included a weekly meeting of community coalition members from schools, emergency response and local government officials and periodic virtual panel presentations by physicians and school officials to update the community and address questions about the pandemic and vaccines. In addition, in FY 2021, a separate COVID-19 task force of Get Healthy, Live Well's Healthy Haralson coalition was established to better respond to the needs of the Haralson County community during the pandemic. Efforts included additional food donation support to the CCC to respond to the increased food demand during the pandemic. In addition, over 450 washable masks were donated to elementary school students, and touchless water dispensers were installed at four local schools.

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

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

Tanner patients are provided with information about the organization's charity/indigent program at the time of registration and on the Tanner website. Any self-pay or underinsured patients must meet the criteria for indigent care to have the cost of their care written off by the System. Patients are interviewed, and financial statements are prepared. Patients who meet the criteria for Medicaid eligibility are referred to an outside vendor for assistance. A patient with a family income up to 200% (2 times) of the Federal Poverty Guidelines (FPG) based on family size receive a 100% discount for medically necessary services. Patients with large, medically

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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. Translation assistance is provided for patients as needed.

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

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Part VI, Line 4 - Community Information

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Tanner Medical Center, Inc. delivers care to diverse communities across west Georgia. Following is a summary and demographics of the communities served by Tanner. Tanner hospitals define the community as the geographic area served by the hospital, considering its primary service area. The primary service area for all three of Tanner's hospitals - Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital in Bremen - includes the geographic areas of Carroll, Haralson and Heard counties, covering 1,077 square miles of predominantly rural area (53% rural) with a total population of 161,707 (U.S. Census Bureau, 2019). Carroll, Haralson and Heard counties consist of rural and suburban communities whose health needs are met by a mixture of hospital systems, private practices, rural health clinics, indigent clinics and other social services. The 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

Schedule H (Form 990) 2021

**Part VI Supplemental Information**

Provide the following information.

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

a variety of healthcare-related services. These facilities work collaboratively to leverage existing assets and resources throughout Tanner's overall primary service area of Carroll, Haralson and Heard counties to best meet the health needs of their communities. The facilities also leverage assets and resources in Tanner's secondary service area of Douglas, Paulding, Polk, Cleburne (Alabama) and Randolph (Alabama) counties.

Demographics (data gathered from 2021 County Health Rankings and the US Census Bureau, 2019 Estimates) of Carroll County (designated as a medically underserved area, with a community served by Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica): Population 119,992; diversity 70.4% non-Hispanic White, 19.1% non-Hispanic Black, 7.2% Hispanic, 0.5% American Indian and Alaska Native, 1% Asian, 0.1% Native Hawaiian/Other Pacific Islander; average income \$59,200; uninsured adults 19%, uninsured children 7%; unemployment 3.4%; below poverty level 14.9%.

Demographics of Haralson County (designated as a partial medically underserved area, the community served by Higgins General Hospital): Population 29,792; diversity 90.8% non-Hispanic white, 4.4% non-Hispanic

**Part VI Supplemental Information**

Provide the following information.

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

Black, 2% Hispanic, 0.4% American Indian and Alaska Native, 0.8% Asian;  
average income \$49,000; uninsured adults 19%, uninsured children 7%;  
unemployment 3.3%; below poverty level 14.4%. Demographics of Heard County  
(designated as a medically underserved area, the community served by Tanner  
Medical Center/Carrollton): Population 11,923; diversity 84.6% non-Hispanic  
White, 9.6% non-Hispanic Black, 2.9% Hispanic, 0.5% American Indian and  
Alaska Native, 0.5% Asian; average income \$49,000; uninsured adults 18%,  
uninsured children 8%; unemployment 3.3%; below poverty level 16.7%.

Part VI, Line 5 - Promotion of Community Health

In FY 2021, Tanner Medical Center, Inc. provided more than \$18 million in  
community benefit services, including charity care at cost and a range of  
diverse programs designed to enhance access and promote the community's  
health.

Tanner Medical Center is a nonprofit organization dedicated to improving  
the health of the communities it serves. That's why Tanner reinvests all of  
its surplus funds from its operating and investment activities to improve  
access to care, expand and replace existing facilities and equipment and

**Part VI Supplemental Information**

Provide the following information.

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

invest in technological advancements. The health system also reinvests its surplus funds to support community health programs and advance medical training, education and research.

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

To the benefit of the community, Tanner Medical Center, Inc. is governed by a board of directors. The majority of the board is comprised of persons who reside throughout Tanner's primary service area and who are neither employees nor contractors of the organization (nor family members thereof).

The Tanner Medical Center, Inc. Board of Directors ensures that the health system develops programs to address the disproportionate unmet health-related needs of the communities it serves. The board is also responsible for ensuring community benefit initiatives are developed to promote the broad health of the community. The board establishes key measures of system-wide community benefit performance and receives regular reports on



**Part VI Supplemental Information**

Provide the following information.

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

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 who have expertise in certain areas.  
These areas include the characteristics and history of local communities  
with disproportionate unmet health-related needs, clinical service  
delivery, analysis of service utilization and population health data,  
primary preventive health initiatives, social services, youth and family  
services, finance and accounting. The Community Benefit committee of the  
board participates in establishing program priorities based on community  
needs and assets, developing the hospital's community benefit  
implementation strategy and monitoring progress toward identified goals.

Part VI, Line 6 - Affiliated Health Care System

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

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

**Part VI Supplemental Information**

Provide the following information.

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

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

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

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

Tanner Medical Group, established to operate physician practices in West 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.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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				
Chris Arant, MD 1 Director/Physician	(i) 0 (ii) 663,778	(i) 0 (ii) 127,827	(i) 0 (ii) 411,855	(i) 0 (ii) 7,216	(i) 0 (ii) 13,031	(i) 0 (ii) 1,223,707	(i) 0 (ii) 0
Eric Dalton 2 Administrator	(i) 216,378 (ii) 0	(i) 25,491 (ii) 0	(i) 100 (ii) 0	(i) 8,063 (ii) 0	(i) 12,876 (ii) 0	(i) 262,908 (ii) 0	(i) 0 (ii) 0
Jerry Morris 3 Administrator	(i) 179,112 (ii) 0	(i) 21,531 (ii) 0	(i) 354 (ii) 0	(i) 10,001 (ii) 0	(i) 11,397 (ii) 0	(i) 222,395 (ii) 0	(i) 0 (ii) 0
Paula Gresham 4 Admin Willowbrooke	(i) 164,119 (ii) 0	(i) 25,621 (ii) 0	(i) 37,092 (ii) 0	(i) 5,381 (ii) 0	(i) 9,151 (ii) 0	(i) 241,364 (ii) 0	(i) 0 (ii) 0
Denise Taylor 5 CCH	(i) 155,903 (ii) 115,233	(i) 46,113 (ii) 34,083	(i) 0 (ii) 0	(i) 5,836 (ii) 4,314	(i) 1,581 (ii) 1,169	(i) 209,433 (ii) 154,799	(i) 0 (ii) 0
Greg Schulenburg 6 CIO/COO	(i) 383,146 (ii) 99,037	(i) 70,672 (ii) 52,235	(i) 0 (ii) 0	(i) 29,795 (ii) 22,022	(i) 8,000 (ii) 5,913	(i) 491,613 (ii) 179,207	(i) 0 (ii) 0
Deborah Matthews 7 CNO	(i) 173,816 (ii) 128,473	(i) 47,800 (ii) 35,331	(i) 0 (ii) 0	(i) 29,795 (ii) 22,022	(i) 6,374 (ii) 4,711	(i) 257,785 (ii) 190,537	(i) 0 (ii) 0
Susan Fox 8 SVP, TMG	(i) 180,062 (ii) 133,089	(i) 49,755 (ii) 36,775	(i) 0 (ii) 0	(i) 3,917 (ii) 2,895	(i) 6,450 (ii) 4,767	(i) 240,184 (ii) 177,526	(i) 0 (ii) 0
Wayne Senfeld 9 Sr. VP, Bus Dev	(i) 214,692 (ii) 158,685	(i) 51,976 (ii) 38,417	(i) 0 (ii) 0	(i) 4,930 (ii) 3,644	(i) 7,012 (ii) 5,183	(i) 278,610 (ii) 205,929	(i) 0 (ii) 0
Carol Crews 10 CFO	(i) 247,983 (ii) 183,292	(i) 59,107 (ii) 43,687	(i) 38,941 (ii) 28,782	(i) 5,815 (ii) 4,298	(i) 6,476 (ii) 4,787	(i) 358,322 (ii) 264,846	(i) 0 (ii) 0
Ben Camp, M.D. 11 VP, Medical Affairs	(i) 303,352 (ii) 224,217	(i) 107,657 (ii) 79,573	(i) 30,803 (ii) 22,768	(i) 5,836 (ii) 4,314	(i) 7,331 (ii) 5,419	(i) 454,979 (ii) 336,291	(i) 0 (ii) 0
Rajat Jhanjee, MD 12 Physician	(i) 493,815 (ii) 0	(i) 375,601 (ii) 0	(i) 56,617 (ii) 0	(i) 8,934 (ii) 0	(i) 13,031 (ii) 0	(i) 947,998 (ii) 0	(i) 0 (ii) 0
William Hines 13 Contract CAO	(i) 211,906 (ii) 70,635	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 211,906 (ii) 70,635	(i) 0 (ii) 0
Shazib Khawaja, M.D. 14 Physician	(i) 748,451 (ii) 0	(i) 384,363 (ii) 0	(i) 481,299 (ii) 0	(i) 10,041 (ii) 0	(i) 11,456 (ii) 0	(i) 1,635,610 (ii) 0	(i) 0 (ii) 0
Loy Howard 15 CEO	(i) 596,888 (ii) 441,178	(i) 143,391 (ii) 105,984	(i) 294,163 (ii) 217,425	(i) 97,975 (ii) 72,416	(i) 7,171 (ii) 5,301	(i) 1,139,588 (ii) 842,304	(i) 0 (ii) 0
Tiffancy Stanfill, MD 16 Physician	(i) 355,510 (ii) 0	(i) 431,959 (ii) 0	(i) 15,500 (ii) 0	(i) 10,150 (ii) 0	(i) 4,466 (ii) 0	(i) 817,585 (ii) 0	(i) 0 (ii) 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 Olusegun Sheyin, MD Physician	(i) 411,250	180,963	12,600	10,150	12,351	627,314	0
	(ii) 0	0	0	0	0	0	0
2 Mujeeb Jan, MD Physician	(i) 350,678	222,790	700	8,820	13,831	596,819	0
	(ii) 0	0	0	0	0	0	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

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

Part I, Line 3 - Related Org Methods Used for Compensation Explanation

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

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

	Severance	Nonqualified	Equity-based
Greg Schulenburg	0	41,667	0
Deborah Matthews	0	41,667	0
Loy Howard	0	140,741	0

Part III - Other Additional Information

Retirement Plan:

Loy Howard, CEO participates in an ineligible unfunded 457(f) plan provided to senior executives as set by his employment contract. The plan benefits are subject to substantial risk of forfeiture and are conditioned upon the

**Part III Supplemental Information**

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

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

**Unrelated Organization Compensation:**

Cypress Healthcare Partners, LLC, an unrelated organization, is a consulting firm providing management services to Tanner. The contract for services provided by their employee William Hines, who serves as the Chief Administrative Officer for TMC and its affiliates, is \$282,542, plus



**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.

travel. Management services provided by William Hines include directing various departmental operations (TMC Engineering, Dietary, Human Resources etc.), managing physician practices, and hospice and home health operations.

**Bonus/Incentive:**

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

Various employees are eligible to receive bonuses and are achievement based.

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

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open To Public Inspection

Tanner Medical Center Group Return

Employer identification number

80-0785570

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) West Georgia Ambulance	Board Member	365,123	Ambulance Services		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

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

Schedule L, Part V - Additional Information

Steve Adams, board member, owns West Georgia Ambulance and Verida Inc. which provides patient transportation services to Tanner Medical Center, Inc. The organization follows a specific process to bid out these services via outside legal counsel to ensure these services are at fair market value.

**SCHEDULE O  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

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

## Form 990 - Additional Information

## Page 1, Line H(b)-Affiliated Group

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

## 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.

Form 990, Part IX, Line 11g - Other Fees for Services

Name of the organization

Employer identification number

Tanner Medical Center Group Return

80-0785570

Description

Tot/Prog. Service Mgt & General Fundraising

Purchased Services

\$ 5,417,737 \$ 0 \$ 0

Physician Fees

\$ 10,481,842 \$ 0 \$ 0

Contract Services

\$ 18,954,407 \$ 566,198 \$ 0

Other Fees

\$ 0 \$ 713,808 \$ 0

Total

\$ 34,853,986 \$ 1,280,006 \$ 0

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Tanner Medical Center Group Return

Employer identification number

80-0785570

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

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

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

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

Schedule R (Form 990) 2021

**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) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

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



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

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

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

**Part VII**

**Supplemental Information.**

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

Public Inspection Copy

**Federal Statements**

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

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
TMC Internal Medicine of Villa Rica	705 Dixie Street Carrollton GA 30117-3818	26-2988495
TMC Carousel Pediatrics Inc	705 Dixie Street Carrollton GA 30117-3818	26-3590073
TMC-Tanner Neurology Associates Inc	705 Dixie Street Carrollton GA 30117-3818	26-3911032
Tanner Medical Group Inc	705 Dixie Street Carrollton GA 30117-3818	26-4045534
Tanner Primary Care of Heflin	140 B Tompkins St Heflin AL 36264-0000	27-3857816
Tanner Primary Care of Wedowee Inc	705 Dixie Street Carrollton GA 30117-3818	45-4857914
TMC Higgins General Hospital Inc	705 Dixie Street Carrollton GA 30117-3818	58-2414416
TMC Villa Rica Hospital Inc	705 Dixie Street Carrollton GA 30177-3818	58-2453303
TMC-Hospice Care Inc	705 Dixie Street Carrollton GA 30117-3818	58-2453302
TMC-Home Health Inc	705 Dixie Street Carrollton	58-2453296

**Federal Statements**

Public Inspection Copy

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

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
	GA 30117-3818	
TMC-Behavioral Health of West Georgia	705 Dixie Street Carrollton GA 30117-3818	81-2238385
Tanner Family Healthcare of Franklin Inc	705 Dixie Street Carrollton GA 30117-3818	26-0585684
Tanner Intensive Medical Services	705 Dixie Street Carrollton GA 30117-3818	20-0336940
TMC Haralson Family Health Care Center Inc	705 Dixie Street Carrollton GA 30117-3818	58-2378722
TMC Immediate Care Inc	705 Dixie Street Carrollton GA 30117-3818	20-0379196
TMC Occupational Health, Inc.	705 Dixie Street Carrollton GA 30117-3818	58-2362404
TMC Tallapoosa Family Health Care Center Inc	705 Dixie Street Carrollton GA 30117-3818	58-2378724
TMC West Carroll Family Healthcare Center Inc	705 Dixie Street Carrollton GA 30117-3818	58-2504393
TMC West Georgia Anesthesia Associates Inc	705 Dixie Street Carrollton GA 30117-3818	20-3604642

**Federal Statements**

Public Inspection Copy

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

<u>Business Name</u>	<u>Address</u>	<u>EIN</u>
Tanner Primary Care of Roanoke	705 Dixie Street Carrollton GA 30117-3818	83-3903783
TMC/Tanner Pain Management, Inc.	705 Dixie Street Carrollton GA 30117-3818	83-3820540
TMC Woodland Family Healthcare, Inc.	705 Dixie Street Carrollton GA 30117-3818	26-3196318
West Georgia Surgery Center, Inc.	705 Dixie Street Carrollton GA 30117-3818	83-3671516
TMC/Buchanan Family Healthcare, Inc.	705 Dixie Street Carrollton GA 30117-3818	58-2502339
Tanner Oncology Services, Inc.	705 Dixie Street Carrollton GA 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	85-3867139

**Federal Statements**

Public Inspection Copy

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

Business Name

Address

EIN

GA 30117-3818

Form **990-T**

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

OMB No. 1545-0047

**2021**

For calendar year 2021 or other tax year beginning 07/01/21, and ending 06/30/22.

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

**A**  Check box if address changed.

**B** Exempt under section  
 501(c)(3)  408(e)  220(e)  
 408A  530(a)  
 529(a)  529A

**Name of organization** (  Check box if name changed and see instructions.)  
**Employer identification number**  
 Tanner Medical Center Group Return 80-0785570

**Print or Type**  
 Number, street, and room or suite no. If a P.O. box, see instructions.  
 705 Dixie Street  
 City or town, state or province, country, and ZIP or foreign postal code  
 Carrollton GA 30117-3818

**E** Group exemption number (see instructions)  
9705

**C** Book value of all assets at end of year ..... 578,865,891

**F**  Check box if an amended return.

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

**J** Enter the number of attached Schedules A (Form 990-T) ..... 1

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

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

Part I Total Unrelated Business Taxable income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	160,539
2	Reserved .....	
3	Add lines 1 and 2 .....	160,539
4	Charitable contributions (see instructions for limitation rules) .....	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	160,539
6	Deduction for net operating loss. See instructions .....	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	160,539
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	1,000
9	Trusts. Section 199A deduction. See instructions .....	
10	Total deductions. Add lines 8 and 9 .....	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	159,539
Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	33,503
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) .....	0
3	Proxy tax. See instructions .....	
4	Other tax amounts. See instructions .....	
5	Alternative minimum tax (trusts only) .....	
6	Tax on noncompliant facility income. See instructions .....	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	33,503

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)



**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
<b>b</b> Other credits (see instructions) .....	<b>1b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>			
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>			33,503
<b>3</b> Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>			
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>			33,503
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>			
<b>6a</b> Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>			
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>			
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total .....	<b>6g</b>			
<b>7 Total payments.</b> Add lines 6a through 6g .....	<b>7</b>			
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> .....	<b>8</b>			1,078
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>			34,581
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>			
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....	<b>11</b>			

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

		Yes	No
<b>1</b> At any time during the 2021 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
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year .....			
<b>4</b> Enter available pre-2018 NOL carryovers here \$ .....			
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and 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		
	\$		
	\$		
	\$		
	\$		
<b>6a</b> Did the organization change its method of accounting? (see instructions) .....			X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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
	<b>Signature of officer</b> _____	<b>Date</b> _____	<b>CFO</b>	<b>Title</b> _____	
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> William Edward Phillips	<b>Preparer's signature</b> _____	<b>Date</b> _____	<b>Check</b> <input type="checkbox"/> <b>if</b> <input type="checkbox"/> <b>PTIN</b> self-employed	
	<b>Firm's name</b> Draffin & Tucker LLP	<b>Firm's EIN</b> 58-0914992			
	<b>Firm's address</b> PO Box 71309 Albany, GA 31708-1309	<b>Phone no.</b> 229-883-7878			

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) See Stmt 1	<b>12</b> 365,363		365,363
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 365,363		365,363

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	7	8a	8b	Total
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>			
<b>2</b> Salaries and wages	<b>2</b>			
<b>3</b> Repairs and maintenance	<b>3</b>			
<b>4</b> Bad debts	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions	<b>5</b>			
<b>6</b> Taxes and licenses	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>	0
<b>9</b> Depletion	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans	<b>10</b>			
<b>11</b> Employee benefit programs	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>			
<b>13</b> Excess readership costs (Part IX)	<b>13</b>			
<b>14</b> Other deductions (attach statement) See Statement 2	<b>14</b>			204,824
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			204,824
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			160,539
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			160,539

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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 <b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D				
3 <b>Total rents received or accrued.</b> 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 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> 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 <b>Total deductions (add lines 3a and 3b, columns A through D)</b>				
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 <b>Gross income reportable.</b> Multiply line 2 by line 6				
8 <b>Total gross income (add line 7, columns A through D).</b> Enter here and on Part I, line 7, column (A)	▶ _____			
9 <b>Allocable deductions.</b> Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	▶ _____			
11 <b>Total dividends-received deductions</b> 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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A [ ]
B [ ]
C [ ]
D [ ]

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for: 2 Gross advertising income, 3 Direct advertising costs by periodical, 4 Advertising gain (loss), 5 Readership costs, 6 Circulation income, 7 Excess readership costs, 8 Excess readership costs allowed as a deduction.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) through (4) and a Total row.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

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](http://www.irs.gov/Form2220) for instructions and the latest information.**

**2021**

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**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>33,503</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>	
<b>b</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 .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>33,503</b>
<b>4</b> Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> 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 .....	<b>4</b>	<b>31,627</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>31,627</b>

**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)
<b>9</b> <b>Installment due dates.</b> 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. ....	<b>9</b> 10/15/21	12/15/21	03/15/22	06/15/22
<b>10</b> <b>Required installments.</b> 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 .....	<b>10</b> 7,907	7,907	7,907	7,906
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>			
<b>13</b> Add lines 11 and 12 .....	<b>13</b>			
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>	7,907	15,814	23,721
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b> 0	0	0	0
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>	7,907	15,814	
<b>17</b> <b>Underpayment.</b> 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 .....	<b>17</b> 7,907	7,907	7,907	7,906
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>			

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** (2021)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> 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	19 See Worksheet			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	20			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)	22	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)	24	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03)	26	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022	27			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
<b>38 Penalty.</b> 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	\$		1,078

\*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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

<b>Form 2220</b>	<b>Form 2220 Worksheet</b>	<b>2021</b>
For calendar year 2021, or tax year beginning <u>07/01/21</u> , and ending <u>06/30/22</u>		

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

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>10/15/21</u>	<u>12/15/21</u>	<u>03/15/22</u>	<u>06/15/22</u>
Amount of underpayment	<u>7,907</u>	<u>7,907</u>	<u>7,907</u>	<u>7,906</u>

Prior year overpayment applied \_\_\_\_\_

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

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	10/15/21	3/31/22	7,907	167	3.00	109
1	3/31/22	6/30/22	7,907	91	4.00	79
1	6/30/22	9/30/22	7,907	92	5.00	100
1	9/30/22	11/15/22	7,907	46	6.00	60
2	12/15/21	3/31/22	7,907	106	3.00	69
2	3/31/22	6/30/22	7,907	91	4.00	79
2	6/30/22	9/30/22	7,907	92	5.00	100
2	9/30/22	11/15/22	7,907	46	6.00	60
3	3/15/22	3/31/22	7,907	16	3.00	10
3	3/31/22	6/30/22	7,907	91	4.00	79
3	6/30/22	9/30/22	7,907	92	5.00	100
3	9/30/22	11/15/22	7,907	46	6.00	60
4	6/15/22	6/30/22	7,906	15	4.00	13
4	6/30/22	9/30/22	7,906	92	5.00	100
4	9/30/22	11/15/22	7,906	46	6.00	60
Total Penalty						1,078 =====



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

Description	Amount
Reference Lab - Higgins	\$ 167,915
Reference Lab - VR	197,448
Total	\$ <u>365,363</u>

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

Deduction Description	Deduction Amount
Villa Rica reference lab expenses	\$ 88,185
Specific deduction	1,700
Higgins Reference Lab expenses	113,239
Specific Deduction	1,700
Total	\$ <u>204,824</u>