2020 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ) FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.	PAGE 1 27-1294641
	17 123-10-11
FORM 990-EZ REVENUE CONTRIBUTIONS, GIFTS, AND GRANTS INVESTMENT INCOME NET INCOME (LOSS) - SPECIAL EVENTS	6,062 1,191 4,352
TOTAL REVENUE	11,605
EXPENSES PROFESSIONAL FEES/PYMT TO CONTRACTORS OTHER EXPENSES	975 33,984
TOTAL EXPENSES	34,959
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR NET ASSETS/FUND BAL. AT END OF YEAR	-23,354 92,385 69,031

2020

GENERAL INFORMATION

FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

PAGE 1

27-1294641

FORMS	NEEDED	FOR	THIS	RETUR	₹N
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FEDERAL: 990-EZ, SCH A, SCH O, 8868

CARRYOVERS TO 2021

NONE

2020

PREPARER E-FILE INSTRUCTIONS - FEDERAL

FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

PAGE 1

27-1294641

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

2020

PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 2

FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

27-1294641

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

~								
Automatic	: 6-Month Extension of Time. Only subn	nit origina	al (no copies needed).					
All corporations of the All corporation of the All Corporation (Corporation of the All Corporation of the All Corp	ons required to file an income tax return other that 04 to request an extension of time to file income	an Form 99 tax returns	0-T (including 1120-C filers), partnership i.					
T	Name of exempt organization or other filer, see instructions.			Taxpayer identification	on number (TIN)			
Type or print	FRIENDS OF SUMNER REGIONAL MED	DICAL						
	CENTER, INC. Number, street, and room or suite number. If a P.O. box, see in	structions.		27-1294641	,			
File by the due date for								
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.					
instructions.	ALLATIN, TN 37066							
Enter the Re	turn Code for the return that this application is for	or (file a se	parate application for each return)		01			
Application		Return	Application		Return			
ls For		Code	Is For		Code			
	Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-BL		02	Form 1041-A		08			
Form 4720 (i	·	03	Form 4720 (other than individual)		09			
Form 990-PF		04	Form 5227		10			
Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above)		05 06	Form 6069 Form 8870	11				
If the orgIf this is check this	e No. • 615-328-5517 ganization does not have an office or place of but for a Group Return, enter the organization's four is box • If it is for part of the group, on sion is for.	digit Group	e United States, check this box Exemption Number (GEN)	this is for the wh	hole group,			
1 I request for the XX		the organiz			1			
3 a If this a	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	1720, or 600	69, enter the tentative tax, less any	3a\$	0.			
b If this a tax pay	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpaymer	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 Ь \$	0.			
c Balanc EFTPS	ce due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	r payment instruction:	with this form, if required, by using	3c\$	0.			
Caution: If y	you are going to make an electronic funds withdrattructions.	awal (direct	debit) with this Form 8868, see Form 84	453-EO and Form	n 8879-EO for			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Α	For th	e 2020 calendar year, or tax year beginning , 2020, and ending		
В	Check i	f applicable; C	Employer id	entification number
	Addres:	s change		
	Name o	hange FRIENDS OF SUMNER REGIONAL MEDICAL	27-129	
	Initial r	eturn CENTER, INC. 555 HARTSVILLE PIKE	Telephone n	
	Final retu	GALLATIN, TN 37066	615-32	28-5517
	Amend		Group Ex	emption
		fion pending	Number	>
		ınting Method: ☐ Cash 💢 Accrual Other (specify) ► H Check ▶	► X if the	organization is not
				Schedule B
J	Tax-ex	empt status (check only one) — X 501(c)(3)	90, 990-EZ	, or 990-PF).
		of organization: X Corporation Trust Association Other		
L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal	
		s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		11,605.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions fo	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		6,062.
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments.		
	4	Investment income	4	1,191.
	l .	Gross amount from sale of assets other than inventory		
	Ь	Less: cost or other basis and sales expenses	Tomas.	
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5с	
	6	Gaming and fundraising events:		
음	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
E	Ь	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum		
ď		of such gross income and contributions exceeds \$15,000)	2.	
	С	Less: direct expenses from gaming and fundraising events 6 c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		
		6b and subtract line 6c)	6d	4,352.
	7 a	Gross sales of inventory, less returns and allowances	1	
	i .	Less: cost of goods sold	. 3	
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).	7с	
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ► 9	11,605.
	10	Grants and similar amounts paid (list in Schedule O).	10	·
	11	Benefits paid to or for members	552 11	
es	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	975.
ğ	14	Occupancy, rent, utilities, and maintenance	14	
Ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O)	a. 15	
	16	Other expenses (describe in Schedule O)	16	33,984.
	17	Total expenses. Add lines 10 through 16	≻ 17	34,959.
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-23,354.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	/ear	
455		figure reported on prior year's return)	19	92,385.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ► 21	69,031.
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.	- '	Form 990-EZ (2020)

Page 2

	Check if the organization used Sche	dule O to respond to any que	estion in this Part II				X
	-				Beginning of year		(B) End of year
22	Cash, savings, and investments				88,992.		68,631.
23	Land and buildings					23	
24	Other assets (describe in Schedule 0) $\! \ldots \!$	SEE SCHEDULE	4		3,393.	24	400.
25	Total assets				92,385.		69,031.
	Total liabilities (describe in Schedule O)				0.	26	_0.
	Net assets or fund balances (line 27 of o				92,385.	27	69,031.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	}	רטו		Expenses
hitle - i	Check if the organization used Scl		question in this Part	t III .		(Regi	uired for section 501
wnat i	s the organization's primary exempt purpose? SEE	SCHEDULE O	to three largest are	-		(c)(3)	and 501(c)(4) nizations: optional
mea	ribe the organization's program service as	manner, describe the service	ces provided, the n	umbe	er of persons		hers.)
bene	fited, and other relevant information for e	ach program title.					
28	SEE SCHEDULE O						
				-		- 1	
	(Grants \$) If thi	is amount includes foreign gi	route shook hore			20.	10 577
20						28 a	18,577.
29	FUNDED SCHOLARSHIPS TO VO		IONTIX COPPEC	رناد	- MFTCH		
	COLLEGE AND UNION UNIVERS	 		- 55			
	(Grants \$) If the	is amount includes foreign g	rants check here			29 a	4 000
30	SPONSORSHIPS OF SUMNER CO					۵ نے	4,800.
30	PEONPORPRES OF POMNEY CO	ONIT LOOP DAMY WAT	ה המהויעד דוו ר <u>ו</u>	71,77	2		
				-			
	(Grants \$) If th	is amount includes foreign g	rants, check here			30 a	2,642.
31	Other program services (describe in Sch	edule O)				-	2,042.
-		is amount includes foreign g				31 a	
32	Total program service expenses (add lin					32	26,019.
	t IV List of Officers, Directors,					e the i	
	Check if the organization used Sc						
		(b) Average hours per	i		(d) Health benefits contributions to emplo		
	(a) Name and title	week devoted to position	(c) Reportable compens (Forms W-2/1099-MIS (If not paid, enter -0-	(C)	benetit plans, and defe	rred	(e) Estimated amount of other compensation
	DD D D D D D D D D D D D D D D D D D D	,	(compensation		
	RETTA BRADY-VISSER	0.5		_			
	SIDENT M STRONG	0.5		0.		0.	0.
	E PRESIDENT	0.5		0.	,	^	0
	ENDA REED	0.5		<u>U.</u>	<u> </u>	0.	0.
	CRETARY	0.5		0.		0.	0.
	E ASSAD	0.5		٥.		υ.	<u> </u>
	ZASURER	0.5		0.		0.	0.
	DRGE AUSTIN			٠.		<u> </u>	0.
	RECTOR	0.25		0.		0.	0.
	SA ESTES	0.20		-		<u> </u>	<u>.</u>
	RECTOR	0.25		0.		0.	0.
	TTY POWELL			-			<u> </u>
	RECTOR	0.25		0.		0.	0.
	ACE_TOMKINS						
DI	RECTOR	0.25		0.		0.	0.
	RI JOHNSON		1				
AD	/ISORY	0		0.		0.	0.
D. C.		TEP400101	31 (20(2)				
BAA		TEEA0812L	11/28/21				Form 990-EZ (2020)

2	7	_	1	2	q	Δ	6	4	
_	•		_	_	3	-2	w	~	

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	EE S	CH	٥П
22			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		_
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		v
	b Did the organization file Form 1120-POL for this year?	3/0		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			- 4
	section 4911 • 0 ; section 4912 • 0 ; section 4955 • 0 .			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	- 07,	Х
41	List the states with which a copy of this return is filed NONE	-100		
42	a The organization's			
	books are in care of ► JOE ASSAD Telephone no. ► 615–3	28-5	517	
	Located at ► 555 HARTSVILLE PIKE GALLATIN TN ZIP + 4 ► 37066		Yes	Mo
	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)?	42b	Tes	No X
	If 'Yes,' enter the name of the foreign country ▶		(m m m)	1
	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	2.5. 00	Х
	If 'Yes,' enter the name of the foreign country ▶			
	Castian 4047/a\/1\ manayamah akasibaha harata 20an Para 000 P7 in Cast 4 Para 00 Li			NT 47
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A
	and enter the amount of tax-exempt interest received of accided during the tax year	-	Yes	N/A No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?		0	
	If 'No ' provide an explanation in Schedule O	004		1
45	If 'No,' provide an explanation in Schedule O. a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d 45 a		X
45	If 'No,' provide an explanation in Schedule O.			X

Form 990-	EZ (2020) FRIENDS OF SUMNER R	EGIONAL MEDICA	L)	27-129	4641	Р	age 4	
			41 141					Yes	No	
46 Did t	he organization engage, directly or indirect idates for public office? If 'Yes,' complete	ctly, in political campai Schedule C. Part I	gn activities	on behalf o	f or in o	pposition to	46		X	
Part VI		-					40		<u> </u>	
FAILTI	All section 501(c)(3) organizations		uestions 4	7-49h and	152 a	nd complete	the table	20		
	for lines 50 and 51.	The street district qu		7 700 011	J 02, U	na complete	tile table			
	Check if the organization used S	Schedule O to resp	ond to an	v auestio	n in thi	s Part VI			~ []	
	22 Vi II II II 1930 VI		22 10	-				Yes	No	
47 Did t	he organization engage in lobbying activities	or have a section 501(h)	election in e	ffect during t	the tax ye	ear? If 'Yes,'	477		\vdash	
	plete Schedule C, Part IIe organization a school as described in se							<u> </u>	X	
	e organization a school as described in se the organization make any transfers to an			•					X	
	es,' was the related organization a section	•	_						X	
	plete this table for the organization's five high									
	oyees) who each received more than \$100,0						-,			
		(b) Average hours			(d) H	ealth benefits,				
	(a) Name and title of each employee	per week devoted to position	(c) Reportable (Forms W-2)	compensation (1099-MISC)	benefit pl	lions to employee lans, and deferred	(e) Estimate other con	ed amou: ipensali	nt of on	
		10 1000111011			co	mpensation				
NONE _										
) 					
f Tota	I number of other employees paid over \$1	100,000	.!							
51 Com	plete this table for the organization's five high	hest compensated independent	endent contra	ctors who ea	ach recei	ved more than \$	100,000 of			
com	pensation from the organization. If there i	s none, enter 'None.'								
	(a) Name and business address of each independent of	ontractor		(b) Type	of service		(c) Com	pensatio	រវា	
NONE										
			1							
d Tota	il number of other independent contractor	s each receiving over \$	5100,000							
52 Did 1	the organization complete Schedule A? N	ote: All section 501(c)((3) organizat	ions must a	ttach a		rith			
	pleted Schedule A						∴► X Ye	s (No	
Under penalti true, correct,	ies of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying sche er) is based on all information	edules and stater of which prepare	ments, and to the real tags	ne best of n	ny knowledge and be	lief, it is			
		•			1	<u> </u>				
Sign	Signature of officer				Date					
Here	JOE ASSAD				TREAS	SURER				
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date		Check if	TIN			
Paid	LISA MAYS MILLMAN, CPA	LISA MAYS MILLMAN	, CPA				00293369			
Preparer	Firm's name ► <u>MILLMAN CPA STRATEC</u>	SIC SOLUTIONS, PC								
Use Only	Firm's address ► 3219 HIGHWAY 31 W					Firm's EIN	26-39338	46		
	WHITE HOUSE, TN 371	.88				Phone no. 615.672.9205				

Form **990-EZ** (2020)

May the IRS discuss this return with the preparer shown above? See instructions..... ► X Yes

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FRIENDS OF SUMNER REGIONAL MEDICAL CENTER. INC 27-1294641 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 5 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 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. 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. 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. 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. 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)) (vi) Amount of other (iv) Is the organization listed (v) Amount of monetary support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Page 2

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.)

Sect	ion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.]			Y
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	Fig.					
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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	ercentage				
14	Public support percentage for 20	020 (line 6, colum	n (f), divided by li	ne 11, column (f))	14	%
15	Public support percentage from	2019 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • • • •	. 30.500	15	%
16a	33-1/3% support test—2020. If the and stop here. The organization	he organization d qualifies as a pu	id not check the t blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	theck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	test, check this	box and stop here	e. Explain in Part i	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances	ind-circumstances test. The organiza	s test, check this ation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organi	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions 🟲 🔲

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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.)

Sect	ion A. Public Support						
	ar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	7.405	14 220	14 001	7 220	6 062	F0 104
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	7,495.	14,328.	14,891.	7,328.	6,062.	50,104.
3	tax-exempt purpose	16,300.	30,961.	22,859.	14,021.	4,352.	88,493. 0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	23,795.	45,289.	37,750.	21,349.	10,414.	138,597.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b	0.					0.
		U.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)tion B. Total Support						138,597.
		(a) 2016	(b) 2017	(-) 2010	(4) 2010	(-) 2020	(D Tatal
	dar year (or fiscal year beginning in) Amounts from line 6			(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Gross income from interest, dividends.	23,795.	45,289.	37,750.	21,349.	10,414.	138,597.
	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable						0.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					-	0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	23,795.	45,289.	37,750.	21,349.	10,414.	138,597.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax vear as a	section 501(c)(3)	
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	020 (line 8, column	(f), divided by lin	ne 13, column (f))	15	100.00 %
16	Public support percentage from	2019 Schedule A,	Part III, line 15				0.00 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage)			
17	Investment income percentage f	or 2020 (line 10c,	column (f), divide	ed by line 13, colo	umn (f))	17	0.00 %
18	Investment income percentage f			-			0.00 %
19a	33-1/3% support tests—2020. If is not more than 33-1/3%, check	the organization di	d not check the b	ox on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17
b	33-1/3% support tests-2019. If line 18 is not more than 33-1/3%	the organization di	d not check a bo	x on line 14 or lin	ne 19a, and line 10	is more than 33-	1/3%, and
20	Private foundation. If the organi						
DAA			75540400			1 1 1 1 1 1	

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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
38	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
i	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
48	Was any supported organization not organized in the United States ('foreign supported organization')? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
١	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
•	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
!	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
I	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
į	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		200	2

whether the organization had excess business holdings.).

Par	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
_	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		24	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization 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 than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustee were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powering the tax year.	n's more s	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations			
			Yes	No
	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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).	the 1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 player in this regard.	ed 3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
	a The organization satisfied the Activities Test. Complete line 2 below.	,		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instr	uction	s).
_				_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
1	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constitute substantially all of its activities.			
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one 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.	or 2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	f 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			.54041 rage
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		/
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		31.3500
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	_		

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Schedule A (Form 990 or 990-EZ) 2020

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

		4641	Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	d)	2/4	
Section D — Distributions		Current '	'ear
1 Amounts paid to supported organizations to accomplish exempt purposes	1		0.00
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		

3

4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5

6 Other distributions (describe in Part VI). See instructions. 6

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details

8 in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 9

10 Line 8 amount divided by line 9 amount 10

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			and the second of
b From 2016			
c From 2017			
d From 2018			
e From 2019			Mining Santings and Santings
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			0.99

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

Employer identification number 27-1294641

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BOARD RETREAT	\$	367.
DUES & SUBSCRIPTIONS		739.
INSURANCE		698.
LICENSES		172.
MISCELLANEOUS		1,712.
PATIENT SUPPORT		18,314.
SCHOLARSHIPS		4,800.
SPONSORSHIPS.		2,642.
SUPPLIES		450.
SUPPORT GROUPS		263.
VOLUNTEER APPRECIATION	_	3,827.
TOTAL	Ş	33,984.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BE	GINNING	 ENDING
ACCOUNTS RECEIVABLE	\$	3,393.	\$ 400.
TOTAL	\$	3,393.	\$ 400.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC. IS TO PROVIDE VOLUNTEERS WHO ARE TRAINED TO PROVIDE VARIOUS SERVICES WITHIN SUMNER REGIONAL MEDICAL CENTER, TO SERVE AS A MEANS OF FELLOWSHIP AMONG THE VOLUNTEERS, AND TO RAISE AND DISTRIBUTE FUNDS IN WAYS THAT ENHANCE SERVICE PROVIDED WITHIN THE HOSPITAL AND TO THE COMMUNITY.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PATIENT SUPPORT WHICH INCLUDES THE FOLLOWING:

CLOTHES CLOSET

COMPRESSION GARMENT ASSISTANCE PROGRAM

SEWING GROUP

FOOD PANTRY

HOSPITALITY CART

SLEEPSACKS

Name of the organization FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

Employer identification number

27-1294641

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CANCER SUPPORT GROUPS

TRANSPORTATION

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NC

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Contributions, giffs, grants, and smillar amounts received	Α	For th	ne 2020 ca	alendar year, or tax year beginning , 2020, and ending	7	
FRIENDS OF SUNNER REGIONAL MEDICAL CENTER, INC. CENTER,	8	Check i	f applicable:	C	Employer ic	lentification number
Contraction and controlled Part Controlled P		Address	s change	EDITONDO OF GUNDED DECTORAL MEDICAL	27 12	0.4.5.4.1
Find-reann/bendated refurn Annexed r		Name c	change			
Cartifuction products Cash		Initial re	eturn		- •	
Application pendring G. Accounting Method:	Щ		20307		615-3	28-5517
Accounting Method: Cash Xacrual Other (specify)	H			F	Group Ex	remption
Website: * N/A		-	And in column beautiful and			
Tax-exempt status (check only one)			_			
Form of organization:						
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-E2. 1,605.	_	1ax-ex	empt status (Concept only one)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part			_			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add I	ines 5b, 6	ic, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total > \$	11 605
Techck if the organization used Schedule O to respond to any question in this Part I	D-					
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses. 5 Gaming and fundraising events: 6 Gaming and fundraising events 6 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (altach Schedule G if the sum of basis cut gross income from gaming and fundraising events. 6 Less: direct expenses from gaming and fundraising events. 6 Less: direct expenses from gaming and fundraising events. 6 Less: dost of goods sold. 7 a Gross sales of inventory, less returns and allowances. 7 a Gross sales of inventory. 8 Less: cost of goods sold. 7 b Less: cost of goods sold. 7 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7 c Sold revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 11, 605. 10 Grants and similar amounts pald (list in Schedule O). 11 Benefits paid to or for members. 11 Selaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 Excess or (deficit) for the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20.	FC	III				
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12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20.		11				
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ste					23,334.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SS	19	figure res	is or fund balances at beginning of year (from line 2/, column (A)) (must agree with end-of- ported on prior year's return)	year 19	02 302
21 Net assets or fund balances at end of year. Combine lines 18 through 20	st A	20				94,303.
	ž				1 1	£0 U31
	BA				- 1	Form 990-EZ (2020)

Page 2

	Check if the organization used Sche	dule O to respond to any que	estion in this Part I	l			X
				(A	Beginning of year	r	(B) End of year
22	Cash, savings, and investments			<u> </u>	88,992.	22	68,631.
23				\vdash	00,352.	23	00,001.
24	Land and buildings	SEE SCHEDULE	0		3,393.	24	400.
25	Total assets			-		25	
	Total liabilities (describe in Schedule O)			_	92,385.		69,031.
26					0.	26	0.
27	Net assets or fund balances (line 27 of o			_	92,385.	27	69,031.
Par	till Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	9.7	.		Expenses
	Check if the organization used Sch		question in this Part	EIII.	X	(Regu	uired for section 501
What	s the organization's primary exempt purpose? SEE	SCHEDULE O				(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest pro	gran	n services, as		nizations; optional
hene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title.	ces provided, the n	umbe	er of persons	ior ot	hers.)
28		bon program title.					
20	SEE SCHEDULE 0						
			,,				
		is amount includes foreign g				28 a	18,577.
29	FUNDED SCHOLARSHIPS TO VO	LUNTEER STATE COMM	MUNITY COLLEC	ΞE,	WELCH		
	COLLEGE AND UNION UNIVERS			- i		1	
	(Grants \$) If the	is amount includes foreign g	rants, check here			29 a	4,800.
30							4,000.
30	SPONSORSHIPS OF SUMNER CO	ONLY FOOD BANK AND	S PATTALIN C	HE.	5		
	(Grants \$) If th	is amount includes foreign g	rants, check here		· · · · · · · · · · · ·	30 a	2,642.
31	Other program services (describe in Sch	edule O)				T	,
	(Grants \$) If th	is amount includes foreign g	rants, check here		▶ □	31 a	
32	Total program service expenses (add lin					32	26,019.
	t IV List of Officers, Directors,						
Incl							
	Check if the organization used Sc	nedule O to respond to any (question in this Par	τιν.			·····
	fal blama mad titla	(b) Average hours per	(c) Reportable compens (Forms W-2/1099-MIS	ation	(d) Health benefits contributions to emplo	i, ivee	(e) Estimated amount of
	(a) Name and title	week devoted to position	(If not paid, enter -0	(C)	 benefit plans, and defe 	rred	other compensation
		, 			compensation		
	RETTA BRADY-VISSER						
PRI	ESIDENT	0.5		0.		0.	0.
PAI	M STRONG						
VIC	E PRESIDENT	0.5		0.		0.1	0.
	ENDA REED						
	RETARY	0.5		0.		0.	0.
_		0.5		٠.		0.	· .
	ASSAD	2 5				_ 1	
-	LASURER	0.5		0.		0.	0.
	DRGE_AUSTIN						
	RECTOR	0.25		0.		0.	0.
LIS	SA ESTES						
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	TY POWELL						
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990-EZ (2020) FRIENDS OF SUMNER REGIONAL MEDICAL 27-129464	1	Р	age 3
tV Other Information (Note the Schedule A and personal benefit contract statement requirements in	EE S	CH	° 🗆
Did the organization engage in any significant activity not previously reported to the IRS?	22	Yes	No
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		Х
a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
	35.2		х
- 1 (C) 1 (C	35 b		^
	35 c		х
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
Lance	37 b		X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			X
olf 'Yes,' complete Schedule L, Part II, and enter the total	30 a		^
Section 501(c)(7) organizations. Enter:			
			1
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40 b		х
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		X
The same of the sa	-10-0		
The annulusticate			
	28-5	517	
Located at ► 555 HARTSVILLE PIKE GALLATIN TN ZIP + 4 ► 37066			
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)?	42 h	Yes	No
If 'Yes,' enter the name of the foreign country ►	72.0		Λ
			In Table
For the instructions for approximant and filling continuous for Fig.CEN Form 114. Depart of Farsian Deals and Fig. and Fig. 2010			118
	42 c		Х
ModPer Committee	420		
		_	
		-	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		Vec	N/A
a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		163	140
of Form 990-EZ	44 a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44 b		X
	44 c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44.1		
a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d		X
	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Did the criganization engage in any significant activity not provided to the IRS? If Yes, provide a detailed description of each activity in Schedule O to respond to any question in this Part V. Were any significant dispass made to the organization graphering documents? If Yes, attach a conformed copy of the amended documents if they reflect a change in the granization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If Yes' to line 35a, has the organization filled a Form 990-T for the year? If No, 'provide an explanation in Schedule O. Was the organization a section \$001(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section \$003(e) notice, or \$000 organization activities. Was the organization activities of subject to section \$003(e) notice, or \$01(c)(6), \$000 organization subject to section \$003(e) notice, organization or \$000 organization activities. Was the organization or \$01(c)(4), \$01(c)(6), or \$01(c)(6), organization subject to section \$003(e) notice, organization organization activities and the subject to section \$003(e) notice, organization organization activities and the subject to section \$000(e) organization organization activities and the subject to section \$01(c)(6), \$000 organization activities, and the subject to section \$01(c)(6), \$000 organization activities, and the subject to section \$01(c)(6), \$000 organization activities, and the subject to section \$01(c)(6), \$000 organization activities, and the subject to section \$01(c)(6), \$000 organization activities, and the subject to section \$01(c)(6), \$000 organization activities, and the subject to section \$01(c)(6),	Williams Williams	Will Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Did the organization engage in any significant activity not previously reported to the IRS? Yes

Form 990-E	Z (2020) FRIENDS OF SUMNER R	EGIONAL MEDICA	L	27-129	4641	Page 4
46 Did th	e organization engage, directly or indired dates for public office? If "Yes," complete	ctly, in political campaid	gn activities on behalf o	of or in opposition to	46	Yes No
Part VI	Section 501(c)(3) Organizations All section 501(c)(3) organizatio for lines 50 and 51.	only ns must answer qu	uestions 47-49b and	d 52, and complete	the table	s
compl 48 is the 49 a Did th b If 'Yes 50 Compl	Check if the organization used Secondariation engage in lobbying activities ete Schedute C, Part II	or have a section 501(h) ection 170(b)(1)(A)(ii)? exempt non-charitable 527 organization?	If 'Yes,' complete Sche related organization?	the tax year? If 'Yes,' dule E	47 48 49 a	Yes No X X X
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
NONE			<u>=</u>			
	number of other employees paid over \$1 lete this table for the organization's five higl ensation from the organization. If there i		endent contractors who ea	ach received more than \$1	00,000 of	
NONE	a) Name and business address of each independent c	ontractor	(b) Туре	of service	(c) Comp	ensation
52 Did th	number of other independent contractors or organization complete Schedule A? No leted Schedule A.	ote: All section 501(c)(ttach a	. ► X Yes	. No
Under penaltie true, correct, a	s of perjury, I declare that I have examined this return, nd complete. Declaration of preparer (other than office	, including accompanying sche er) is based on all information (dules and statements, and to the of which preparer has any known	ne best of my knowledge and beliedge.	ief, it is	
Sign Here	Signature of officer JOE ASSAD Type or print name and title		- M. aM	Date TREASURER		
Paid Preparer Use Only	Print/Type preparer's name LISA MAYS MILLMAN, CPA Firm's name ► MILLMAN CPA STRATEG Firm's address ► 3219 HIGHWAY 31 W WHITE HOUSE TN 371		CPA 7.1.2		00293369 26-393384	16

Form **990-EZ** (2020)

May the IRS discuss this return with the preparer shown above? See instructions...... ▶ X Yes

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Name of the organization Employer identification number FRIENDS OF SUMNER REGIONAL MEDICAL CENTER. INC 27-1294641 Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 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. 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. 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. 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. 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 (in FIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E) Total

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

Sec	tion A. Public Support							
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)							
	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12		
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ []	
	tion C. Computation of Pu			70				
	Public support percentage for 20							
15	Public support percentage from	2019 Schedule A,	Part II, line 14				%	
16a	16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	check this box	
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and stop her e a publicly support	e. Explain in Part led organization	VI how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions	

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.)

Sect	tion A. Public Support						
Catend	ar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	received. (Do not include	7 405	14 300	7.4.001	7 200		50.104
	any 'unusual grants.')	7,495.	14,328.	14,891.	7,328.	6,062.	50,104.
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose	16,300.	30,961.	22,859.	14,021.	4,352.	88,493.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the					-	<u> </u>
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the		ļ				
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1.	23,795.	45,289.	37,750.	21,349.	10,414.	138,597.
74	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
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				İ		
	for the year	0.	0.1	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line	Fig. 1	100				
Casi	7c from line 6.)				2 200		138,597.
	tion B. Total Support	(-) 001 <i>C</i>	4. 2017	4-> 0010	4 15 0010	4 > 0000	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends,	23,795.	45,289.	37,750.	21,349.	10,414.	138,597.
Iva	payments received on securities loans,						
	rents, royalties, and income from similar sources.						0
ь	Unrelated business taxable						0.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						^
13	Part VI.)						0.
	10c, 11, and 12.)	23,795.	45,289.	37,750.		10,414.	138,597.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	n's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Saa							
	tion C. Computation of Pu Public support percentage for 20			no 12 notume (6)	`	125	100 00 %
15			***		** 1 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A	1 1 1	100.00 %
16 Sec	Public support percentage from tion D. Computation of Inv					16	0.00 %
	<u>·</u>					1 477	
17	Investment income percentage f			-		1	0.00 %
18	Investment income percentage f					L	0.00 %
192	33-1/3% support tests—2020. If is not more than 33-1/3%, check	tne organization di this box and stor	a not check the b here. The organ	oox on line 14, ar lization qualifies :	na line 15 is more as a publicly suppi	tnan 33-1/3%, and	I line 17 ▶ X
b	33-1/3% support tests-2019. If						
	line 18 is not more than 33-1/3%	6, check this box a	nd stop here. The	e organization qu	alifies as a public	y supported organ	ization 🟲 📗
	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	▶ 📋
DAA			755 104001	0041.0400		1 1 4 /5 00	000 550

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Part IV Supporting Organizations

If 'Yes,' provide detail in Part VI.

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(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

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes, describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer 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 5a accomplished (such as by amendment to the organizing document). **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5Ь c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.

as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?

- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).

ra	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		escar.	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations		trans.	_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	organization of governing accumulation in cricic of the case of the initial case, to the extent for providing provided.	1	1 1	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instri	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	b Did the activities described in 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.	2b		
_				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
BA	A TEEA0405L 09/14/20 Schedule A (Form 99	0 or 9	90-EZ	2020

	instructions. All other Type III non-functionally integrated supporting organization		t complete decilons / t	-8/	
Sect	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	16			
c	Fair market value of other non-exempt-use assets	1c			
c	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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		SALES PLOS COLLEGE	
6	Multiply line 5 by 0.035.	6		1	
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
_	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	Market, Telephones (Market)		
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrated	Type III supporting or	ganization	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	.,			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018	I INC.		
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

Employer identification number

27-1294641

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BOARD RETREAT	\$	367.
DUES & SUBSCRIPTIONS		739.
INSURANCE		698.
LICENSES.		172.
MISCELLANEOUS		1,712.
PATIENT SUPPORT		18,314.
SCHOLARSHIPS		4,800.
SPONSORSHIPS SUPPLIES		2,642.
		450. 263.
SUPPORT GROUPS. VOLUNTEER APPRECIATION		203.
VOLUNIEER AFFRECIATION TOTAL	ć	33 004
TOTAL	Ş	33, 304.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BE	GINNING_	 ENDING
ACCOUNTS RECEIVABLE	\$	3,393.	\$ 400.
TOTAL	\$	3,393.	\$ 400.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC. IS TO PROVIDE VOLUNTEERS WHO ARE TRAINED TO PROVIDE VARIOUS SERVICES WITHIN SUMNER REGIONAL MEDICAL CENTER, TO SERVE AS A MEANS OF FELLOWSHIP AMONG THE VOLUNTEERS, AND TO RAISE AND DISTRIBUTE FUNDS IN WAYS THAT ENHANCE SERVICE PROVIDED WITHIN THE HOSPITAL AND TO THE COMMUNITY.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PATIENT SUPPORT WHICH INCLUDES THE FOLLOWING:

CLOTHES CLOSET

COMPRESSION GARMENT ASSISTANCE PROGRAM

SEWING GROUP

FOOD PANTRY

HOSPITALITY CART

SLEEPSACKS

Name of the organization FRIENDS OF SUMNER REGIONAL MEDICAL CENTER, INC.

Employer identification number 27-1294641

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CANCER SUPPORT GROUPS

TRANSPORTATION

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A)	DID THE ORGANIZATION,	DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDI	RECTLY, TO PAY PREMIUM	S ON A PERSONAL BENEFIT CONTRACT?	NO
(B)	DID THE ORGANIZATION,	DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDI	RECTLY, ON A PERSONAL	BENEFIT CONTRACT?	NO

Form 8868

Application for Automatic Extension of Time To File an Exempt Organization Return

• File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► File a separate application for each return.
 ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	: 6-Month Extension of Time. Only subr	nit origina	al (no copies needed).		·		
	ons required to file an income tax return other the 04 to request an extension of time to file income			s, RE	MICs, and trus	sts must	
					Taxpayer identification number (TIN)		
Type or FRIENDS OF SUMNER REGIONAL MEDICA CENTER, INC.				27-1294641			
File by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions.		100			
due date for filling your	555 HARTSVILLE PIKE						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.				
iriati betiona.	GALLATIN, TN 37066						
Enter the Re	eturn Code for the return that this application is for	or (file a se	parate application for each return)		* * * * * * * * * * * * *	. 01	
Application Is For		Return Code	Application Is For			Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	-	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227		10		
	(section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870			12	
If the orgIf this is check th	e No. ► 615-328-5517_ ganization does not have an office or place of bus for a Group Return, enter the organization's four is box ► . If it is for part of the group, onsion is for.	digit Group	e United States, check this box Exemption Number (GEN) . If	this is	for the whole	e group,	
for the X	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 20 or tax year beginning, 20 ax year entered in line 1 is for less than 12 montange in accounting period	the organiz , and endir	ration's return for:	ation			
3a If this nonref	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	4720, or 606	59, enter the tentative tax, less any	3 a	\$	0.	
b If this tax page	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	6069, enter nt allowed a	any refundable credits and estimated is a credit	3 Ь	\$	0.	
	ce due. Subtract line 3b from line 3a. Include you 5 (Electronic Federal Tax Payment System). See	instructions		3 c	\$	0.	
0 11 11							

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)