Department of the Treasury

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

2018

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

Open to Public

OMB No 1545-0047

Intern	al Rev	enue Service	Co to WWW.ii s.govii offices for insuractions and the fatest information		Inspection	9
<u>A F</u>	or th	e 2018 c	alendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$, 2019		4
B c	heck H oplicat	C Na	ame of organization D Employ	yer identifica	ation number	93
	Addr chan Name	ge 17.	homas Health System Inc			
<u>_</u>	_chan	ge Do	oing business as	26-04	40674	
	Final	Nu	Imber and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephi ROOM/Suite E Telephi	one number 304 – 7	66-3523	41
	term! ated	n. ———	ty or town, state or province, country, and ZIP or foreign postal code G Gross rec		133,919.	
	Amer	Sed Se	outh Charleston, WV 25309 H(a) is this	s a group ret		1
	Appli	ca- F Na	Daniel T T - EE	ubordinates?		
	pend	" ⁹ 46	05 MacCorkle Ave SW, South Charleston, Wy Ajb) Are all	subordinates incl	luded? Yes No	α
				o," attach a lis	st. (see instructions)	
		ite: N		p exemption		
				2006 M	State of legal domicile: WV	
Ра	rt I				T	
မွ	1	Briefly de	escribe the organization's mission or most significant activities: Thomas Health Sy	stem,	Inc. is	
Jan			ated exclusively for charitable and educational			
Activities & Governance	2		nis box if the organization discontinued its operations or disposed of more than 25% of until a marsh an of the assurance back (Part VIII less 12)	1 1	ets. 17	
ဗိ	4		of voting members of the governing body (Part VI, line 1a)	4	16	
જ	5		of independent voting members of the governing body (Part VI, line 1b) mber of individuals employed in calendar year 2018 (Part V, line 2a)	5	2135	
itie	6			6	17	
ğ	7 a		related business revenue from Part VIII, column (C), line 12	7a	0.	
4			elated business taxable income from Form 990-T, line 38	7b	0.	
			Prior Yo		Current Year	
	8	Contribu	itions and grants (Part VIII, line 1h)	0.	3,000.	
ž	9		service revenue (Part VIII, line 2g)	0.	0.	
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
ш.	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	130,919.	
	12	Total rev	renue - add lines 8 through 11 (must equal Part XIII, column (A), line 12)	0.	133,919.	
	13		nd similar amounts paid (Part IX, column (A) lines 1-3)	0.	101,415.	
	14		paid to or for members (Part IX, column (Å), life 4)	0.	0.	
ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses			onal fundraising fees (Part IX, column (A), line 11e)	· · ·	0.	
EX				,921.	8,727,129.	
İ	18		100 100 (100 m) 1 (1	,921.	8,828,544.	
				,921.>		>
<u>86</u>	13	rievende	Beginning of Cu		End of Year	
Net Assets or Fund Balances	20	Total ass			157,369,508.	
8					164,799,006.	
뙲				,921.>	<7,429,498.>	>
Pa	rt II		ature Block			
			rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		knowledge and belief, it is	
true,	corre	ct, and con	nplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knov			
		- Cia	inature of officer Da	<u>8.77.</u>	2020	
Sign		, -··	··	le		
Here)		imothy Skeldon, Senior VP, CFO pe or print name and title			١
		, ,,		Check	TI PTIN	1
Paid			preparer's signature Preparer's signature 8/17/20	11	P01286262	-
raiu Prep	arer	Firm's na	Les Rose	self-employed m's EIN	55-0486667	1
Use (ddress P. O. Box 2629			
(""" 3 40	Charleston, WV 25329	one no. (30	4) 346-0441	
Mav	the II	RS discus	ss this return with the preparer shown above? (see instructions)	1	X Yes No	
	1 12-3		HA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2018)	
. •			chedule O for Organization Mission Statement Con	tinuat		_

Forn	n 990 (2018). Thomas Health System Inc	26-0440674 F	age 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	Thomas Health System, Inc. is operated exclusive	ely for charitable and	<u> </u>
	educational purposes and is the sole member and		
	Herbert J. Thomas Memorial Hospital Association		
	Inc. dba St. Francis Hospital, and THS Physician	n Partners, Inc.	
2	Did the organization undertake any significant program services during the year which were not		_
	prior Form 990 or 990-EZ?	☐ Yes ☐	∐ No
	If "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro-	ogram services?	∐ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others, the total expenses, and	j
_	revenue, if any, for each program service reported	115 130 01	Ι Δ .
4a	(Code) (Expenses \$ 8,404,516. including grants of \$ 101,4 The general purposes of the Corporation are to a	115.) (Revenue \$ 130,91	19.
	support, benefit, and further in every proper a	ald, strengthen,	
	and services of Herbert J. Thomas Memorial Hospi		<u> </u>
	nonstock, nonprofit West Virginia corporation, (
	Inc., a nonstock, nonprofit West Virginia corpor		
	Physician Partners, Inc., a nonstock, nonprofit		
	Corporation.	<u></u>	
		···	
4b	(Code) (Expenses \$) (Revenue \$	
		· · · · · · · · · · · · · · · · · · ·	
4c	(6.4) (O	
70	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		- · · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue	s)	
40	Total program service expenses 8 . 404 . 516 .		-

Form **990** (2018)

Thomas Health System Inc

ROKJID A 26-0440674 Page:

Pa	rt IV Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	$\overline{}$	162	NO
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┢ <u></u>	 	_
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		` *	٠٠,
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	and and	ån tomb	
а	Part VI	 11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u> </u>		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		۱,,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	├		
128	Schedule D, Parts XI and XII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v ,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	-	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├	├^-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	1
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II			ш_

Form 990 (2018) Thomas Health System Inc
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ		
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		Х	
	Schedule K. If "No," go to line 25a	24a 24b		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	 	 -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		x
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	<u> </u>	X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	.T.2.32	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		A.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200 S 100	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		x
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>52</u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l		v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	İ
Pai		,		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	200	À 🛒	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ారా, చిన్న	(4.	rijs
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	3 5.3		نگلاندا
	(gambling) winnings to prize winners?	1c	000	<u></u>
832004	4 12-31-18	Form	990	(2018)

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					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	1850		77X
	filed for the calendar year ending with or within the year covered by this return	2a	2135			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	· 	_2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		300		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	int)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)		bz	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	7	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			_6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions o	or gifts			
_	were not tax deductible?			6b	~ (35.) 84. A	~ \$4.00° A. S
7	Organizations that may receive deductible contributions under section 170(c).			erafilmings and the same		4
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices į	provided to the payor?	7a		X
			al .	_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	Juirea			х
a	to file Form 8282?	7 d	I	7c	\$ Z. Ye	
	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct2	7e		X
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, on a personal benefit continuous, directly or indirectly, r indirectly.		UL ?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		RQQ as required?	7g	H	
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		· ·	7h	\vdash	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining			100	2707	1992
	sponsoring organization have excess business holdings at any time during the year?			8	-identification	L, Tankballi
9	Sponsoring organizations maintaining donor advised funds.			103		1000
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	W/ W 31	, ,,,,
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter				VAQ.	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					MN
	amounts due or received from them)	11b		<u> </u>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	? !	12a	785000	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					397.
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	3 6 30 1	3786
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	400	1			12
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>	#.JP\$\$2	907 T.Y	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hos it filed a Form 700 to report those asymptotical file "No." provide an evaluation in School in			14a	 	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the control of the		0.	14b	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	OI .	15		х
	excess parachute payment(s) during the year?			15	√* 8 ,446,9	
	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment	t mee	me?	16	Mirė.S.	X
	If "Yes " complete Form 4720. Schedule O				13/2	

Form 990 (2018) Thomas Health System Inc 26-0440674 Page

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

Section A. Governing Body and Management Vas No It is the number of lowing members of the governing body, at the end of the tax year 1a 17 It is the number of lowing members of the governing body, or the governing body, are the governing body elegated broad authority to an excluded nine 1a, above, who are independent 1a 16 17 It is the province of the governing body elegated broad authority to an excluded nine 1a, above, who are independent 1a 1a 1a 1a 1a 1a 1a 1		Check if Schedule O contains a response or note to any line in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting gins among members of the governing body, or if the governing body delegated broad submitor you are necessary to the governing body of the governing body? Did the organization becomes aware during the year of a significant diversion of the governing body? Did the organization becomes aware during the year of a significant diversion of the governing body? Did the organization becomes aware during the year of a significant diversion of the governing body? Did the organization becomes the governing body? Did the governing body? A real ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B bit the organization contemporations of the organization reserved to the governing body? B bit the organization contemporations of the organization reserved to the governing body? B bit the organization contemporations of the organization reserved to the governing body? B bit the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization the governing body? B bit me governing body before the governing body? B bit me governing body bit member	Sec				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated foraid authority to an executive committee or smilar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent of the committee of the committee of voting members included in line 1a, above, who are independent of the committee of voting members included in line 1a, above, who are independent of the committee of voting members included in line 1a, above, who are independent of the committee of voting members included in line 1a, above, who are independent of the committee of voting members included in line 1a, above, who are independent of the committee of voting members, and the voting of the committee of voting members, and the voting of the committee of voting members, and the variety of the committee of voting and an arrangement of the organization become aware during the year of a significant diversion of the organization assets? c D dit the organization have members in stockholders? a Did the organization have members in stockholders or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body policies of the organization have local chapters, provide the names and authorises on schedule O. b West No. 10a D d the organization have local chapters, pranches, or affiliates? b Were officers, decotors, or trustees, and key employees required to declose annually interests that c			Ī	Yes	No
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4605 MacCorkle Ave SW. South Charleston. WV 25309	20	Timothy Skeldon. Senior VP CFO - 304-766-3523			
		4605 MacCorkle Ave SW. South Charleston. WV 25309			

Form 99ହ (2018) 🔞	Thomas	Health	System	Inc		26-0440674	Page 7
Part VII Compensa	tion of Officer	s, Director	s, Trustees	, Key Em	ployees, Highest C	ompensated	
Employees	, and Indepen	dent Contr	actors				
Charles Caba	4. 1. 0				4		

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -O- in columns (D), (E), and (F) if no compensation was paid

 List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization in	or any related	orga	anıza	ation	co	mpe	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			_ ((C)	_		(D)	(E)	(F)
Name and Title	Average				more	than		Reportable	Reportable	Estimated
	hours per					ıs bot or/trus		compensation from	compensation from related	amount of other
	week (list any	ρί			П	Ī		the	organizations	compensation
	hours for	Individual trustee or director				S.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tri		loyee	mo a	Ì			and related
	below	wgas	nstitutional trustee	Officer	g w	Highest compensated employee	mer			organizations
(1)	line)	Ē	E	8	ž	돌	Ē			
(1) Daniel J. Lauffer President & CEO	10.00	x	l	x	l	ľ		0.	569,010.	56,478.
(2) Chuck Jones	1.00	<u> </u>	\vdash	^	\vdash	-	<u> </u>	- 0.	303,010.	30, 470.
Chairman as of 2/2019	1.00	x		х	1	1		0.	0.	0.
(3) Charles R. Hageboeck	1.00	 *	\vdash		┢	╁	\vdash	-		
Chairman termed 2/2019	1.00	x	1	x	l			0.	0.	0.
(4) Angela Mayfield	1.00				-					
1st Vice Chairman as of 2/2019		х		х				0.	0.	0.
(5) Kent Hartsog	1.00	-	\vdash			-	_			*
Treasurer as of 2/2019		х		х				0.	0.	0.
(6) Craig Slaughter	1.00							_		
2nd Vice Chair/Secretary as of 2/201		Х		X				0.	0.	0.
(7) Patrick Kelly	1.00									
2nd Vice Chair/Secretary termed 2/20		Х		X	l			0.	0.	0.
(8) Paul Breedlove	1.00									
Board Member		Х				<u>.</u> .		0.	0.	0.
(9) Kishore Challa, M.D.	1.00								_	_
Board Member		X			L			0.	0.	0.
(10) Steve Hedrick	1.00		l			H		_	_	_
Board Member		X	<u> </u>					0.	0.	0.
(11) Steve Kahwash	1.00				ŀ			_		•
Board Member		X	L.	L	<u> </u>	\Box		0.	0.	0.
(12) Susan Lavenski	1.00							•		•
Board Member	4 - 5 -	X	Щ		L_			0.	0.	0.
(13) Donna Panucci, DDS	1.00				1				•	•
Board Member	4 00	X		Ш	L	Ш		0.	0.	0.
(14) Danny Scalise	1.00							_		•
Board Member	1 00	X			_			0.	0.	0.
(15) Larry Bisset	1.00	۱,,]			_	0.	^
Board Member termed 2/2019	1 00	X	-	Щ	<u> </u>	$\vdash \vdash$		0.		0.
(16) John Hannah, MD	1.00	х			ĺ			0.	0.	0.
Board Member termed 2/2019	1.00	^			_	Н				<u> </u>
(17) Andy Barker Board Member	1.00	х						0.	0.	0.
DOGIA WERRET		Α		ليا	L			0.1		Form 990 (2018)

Form 990 (2018) / Thomas H	ealth Sy	yst	ter	n I	In	c			26-0	440	674_	Р	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director go xo p)	not c	Pos check ess pe	c) sition more erson directo		оле h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensate from relate organization (W-2/1099-M	ion ed ns	Est am comp fro orga	m th nızat relat	of ition e ion ed
(18) Carla Campbell Board Member termed 2/2019	1.00	X	Inst	Officer	Key	Higi	For	0.	<u> </u>	0.			0 .
(19) David Sayre	1.00						-						
Board Member	1 00	X		_	L	L		0.		0.			0.
(20) Father Higgs Board Member	1.00	x						0.		0.			0.
(21) Dennis Sutton	1.00	1			-	⊢		0.		<u> </u>	_		
Board Member	1.00	x						0.		0.			0.
(22) Timothy Skeldon	10.00												
Senior Vice President of Finance	50.00	L		Х	L_	Ш		0.	318,4	56.	60	, 4	<u>41.</u>
(23) Brian Ulery	10.00			.,				0.	115 6	.,,	4 5		20
Senior Vice President/COO (24) Matthew Upton	10.00	_		Х	-	H		· ·	415,6		4:0	, 6	20.
CMO/Informatics Officer	40.00				x			0.	350,7	85.	62	, 6	55.
(25) Rebecca Brannon	10.00												
Sr VP Nursing/CNO (retired 12/31/18)	30.00			L	Х			0.	272,4	72.	35	,1	<u> 39.</u>
	ļ												
1b Sub-total		L		L	<u> </u>	Ш	_	0.	1,926,4	00.	260	, 3	41.
c Total from continuation sheets to Part VI	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.	1,926,4	00.	260	, 3	41.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	0,000 of reportat	ole	1,		125
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-	stee	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		3		No X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X								, \$1,000 , \$					
5 Did any person listed on line 1a receive or a							elat	ted organization or indiv	idual for services	s			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	∋ J fo	or su	ıch j	pers	on			·		5		X
Complete this table for your five highest co	mpensated inc	tene	nde	nt c	ontr	acto	re i	that received more than	\$100 000 of cor	mnens	ation fro		
the organization Report compensation for													
(A) Name and business			NE		1			(B) Description of s		С	(C) ompen		1

	the organization. Report compensation for the calenda	ar year ending with or	within the organization's tax year	
	(A) Name and business address	NONE	(B) Description of services	Compensation
		<u> </u>		
_				
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization	ut not limited to those	listed above) who received more than	

\$100,000 of compensation from the organization

26-0440674 Thomas Health System Inc Form 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (C) Unrelated Related or Total revenue business exempt function sections 512 - 514 revenue revenue ts, Grants 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,000 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 3,000 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue

u	Net gain or (1033)	
8 a	Gross income from fundraising events (no	ot
	including \$ of	
	contributions reported on line 1c) See	
	Part IV, line 18	
b	Less direct expenses	

c Net income or (loss) from fundraising events

9 a	Gross income from gaming activities	See
	Part IV, line 19	
b	Less direct expenses	

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances

b Less cost of goods sold c Net income or (loss Miscellaneo

D	Less cost of goods sold	▫╚						. 7.222.2		2000	Sall Street	
С	Net income or (loss) from sales of inventory											
_	Miscellaneous Revenue	Bu	ısıne	ss Code		Sine?		3.0				
11 a	CC Merchant Fees			099		130	,919.	13	0,91	9.		
b												
С												
					$\overline{}$			T				

130,919.

133,919.

130,919

Ō.

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
	Check if Schedule O contains a respoi	nse or note to any line in			X			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		-					
	and domestic governments. See Part IV, line 21	101;415.	101,415.					
2	Grants and other assistance to domestic		•					
	individuals See Part IV, line 22				#1. 19. CASE WINE 19.61			
3	Grants and other assistance to foreign		_					
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16							
4	Benefits paid to or for members				44.000.000.000			
5	Compensation of current officers, directors,							
	trustees, and key employees		-		·			
6	Compensation not included above, to disqualified	•						
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	•	,					
10 '	Payroll taxes							
11 -	Fees for services (non-employees)				•			
a	Management	309,867.		309,867.				
b	Legal	79,783.		79,783.				
С.	Accounting	13,103.		13,103.				
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17	4,307,816.	4,288,620.	. 19,196.				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	4,307,010.	4,200,020.	. 15,150.				
g	column (A) amount, list line 11g expenses on Sch O.)	2,637,784.	2,626,030.	11,754.				
10	Advertising and promotion	2,031,1040	2,020,0300	227,310				
12 13 '	Office expenses	37,330.	37,164.	166.				
14	Information technology	628,580.	625,779.	2,801.				
15	Royalties	320,000	,,,,,,,					
16	Occupancy							
17	Travel	865.	865.					
18	Payments of travel or entertainment expenses							
-	for any federal, state, or local public officials			4				
19	Conferences, conventions, and meetings			•				
20	Interest	7,516.	7,483.	33.				
21	Payments to affiliates		•					
22	Depreciation, depletion, and amortization	14,119.	14,056.	63.				
23	Insurance •							
24	Other expenses. Itemize expenses not covered		girin, iy 🖰 maaydhaadayaabadi oo ay so	agmin station of these particularity	amin sama yenamenna real es			
-	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule 0.)							
а	Medical Supplies	620,210.	620,210.	4 6 6				
b	Dues and Subscriptions	42,409.	42,221.	188.				
, c	Recruiting	39,626.	39,449.	177.	<u> </u>			
d	Other Expenses	1,224.	1,224.		·			
e	All other expenses	0.000 544	0 404 515	424 020				
25	Total functional expenses Add lines 1 through 24e	8,828,544.	8,404,516.	424,028.	0.			
26	Joint costs Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

Par	t∘X៊	Balance Sheet .			
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1,	Cash - non-interest-bearing	349,862.	1	1,002,129.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	6	3	
	4	Accounts receivable, net		4	• 655
ŀ	5	Loans and other receivables from current and former officers, directors,	Vincial Sevent Control	1190	Way Kalisaki
- [Ŭ	trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	· i
	6	Loans and other receivables from other disqualified persons (as defined under		(\$(\$))	SAN TANAKAKAN
	·	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		53	
- -	,	employers and sponsoring organizations of section 501(c)(9) voluntary		200	
,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	22 / 3.72 mills 112.72 mills 4.02 at 11.0
Assets	7	Notes and loans receivable, net		7	
ê	8	Inventories for sale or use	·····	8	383,169
	9	Prepaid expenses and deferred charges	114,122.	9	760,642
		Land, buildings, and equipment cost or other		¥.W.	
		basis Complete Part VI of Schedule D 10a 931,867.			
	b	Less accumulated depreciation 10b 14,119.	0.	10c	917,748
	11	Investments - publicly traded securities -	 	11	39,406,589
	12	Investments - other securities See Part IV, line 11		12	
.	13 1	Investments - program-related See Part IV, line 11	,	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,476,822.	15	114,898,576, 157,369,508
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,940,806.	16	157,369,508
ヿ	17	Accounts payable and accrued expenses	4,990,727.	17	11,042,730
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	135,082,180
- [21	Escrow or custodial account liability Complete Part IV of Schedule D		21	'
8	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons		JA:	20,000,000,000,000
Liabilities		Complete Part II of Schedule L		22	
'	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	_		10 674 006
		Schedule D	. 0.	25	18,674,096
4	26	Total liabilities. Add lines 17 through 25	4,990,727.	26	164,799,006
		Organizations that follow SFAS 117 (ASC 958), check here ▶, X and			
}		complete lines 27 through 29, and lines 33 and 34.	<49,921.		<7,429,498
	27	Unrestricted net assets	<43,341.	_	17,423,430
3		Temporarily restricted net assets		28	
}	29	Permanently restricted net assets	AU ELY INVESTIGATION	29	# 2-4, 36 % 307 JONE 10 (77 fts-
:		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.		30	
;	30	Capital stock or trust principal, or current funds		30	
?	31	Paid in or capital surplus, or land, building, or equipment fund		31 32	
	32	Retained earnings, endowment, accumulated income, or other funds	<49,921.		<7,429,498.
	33	Total net assets or fund balances	4,940,806.	34	157,369,508
	34	Total liabilities and net assets/fund balances	4,540,000.	J#	Form 990 (2018

Form	1990 (2018) Thomas Health System Inc	<u> 26-0</u>	440674	Pag	_{le} 12
Pa	rt XI. Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		 		X
			4.00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	133		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,828		
3	Revenue less expenses Subtract line 2 from line 1	3	<8,694		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			21.
5	Net unrealized gains (losses) on investments	5	<528	, 3	<u>52.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,843	, 4	<u>00.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<7,429	, 4	<u>98.</u>
Pa	rtXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			Sam W	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	35	SKA
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ŽÝ	لمنيت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	s no t			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				K G
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		34	
	consolidated basis, or both				
	Separate basis		250	925	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ZŽĖJ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	: []	- 1	
	Act and OMB Circular A·133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		l	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2018

Open to Public Inspection

Employer identification number

26-0440674 Thomas Health System Inc Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 L 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X 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 J 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. I 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. oxdot 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 3 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) Herbert J. Thomas 55-0404900 3 0. Х Memorial Hospital Saint Francis 3 X 0. Hospital 61-1272692 THS Physician 3 0. 45-4395947 X Partners, Inc. 0. 0. Total

Part II Support Schedule for	r Organizations	Described in	Sections 170	(b)(1)(A)(iv) and		vi)		
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization								
fails to qualify under the tests listed below, please complete Part III)								
Section A. Public Support					1			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016/	(d) 2017	(e) 2018	(f) Total		
1 Gifts, grants, contributions, and	1-7	<u> </u>	1	,	1.1	*		
membership fees received (Do not			/			•		
include any "unusual grants ")			/					
2 Tax revenues levied for the organ	\							
ization's benefit and either paid to	X .		/.	•				
or expended on its behalf	1/		/ .					
3 The value of services or facilities		,	1			•		
furnished by a governmental unit to	1 \		/ .			•		
the organization without charge		·	/ .					
4 Total. Add lines 1 through 3			1					
5 The portion of total contributions →				Kiiri				
by each person (other than a								
governmental unit or publicly	100000	/						
supported organization) included	\ \	I						
on line 1 that exceeds 2% of the		I						
amount shown on line 11,		N = I						
column (f)	200 100 200 100 E			77. AEX 9.40.00	343778.303			
6 Public support. Subtract line 5 from line 4	3,3,7,0,7,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,				-	 ,		
Section B. Total Support	T	1 11 11 1	1 1 2 2 4 2	(.1) 0047	(-) 0040	(f) Total		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7 Amounts from line 4		 				······		
8 Gross income from interest,		- / \	, , ,			•		
dividends, payments received on		<i> </i>		-		•		
and income from similar sources								
Net income from unrelated business	, 	 	\ .	•		 ,		
activities, whether or not the	'l		\ .	-				
, business is regularly carried on	1	/ -	· \ · · '		•			
10 Other income Do not include gain		1	· /	,				
or loss from the sale of capital		/ ·				•		
assets (Explain in Part VI)	1	1						
11 Total support. Add lines 7 through 10	37 NO. 378		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12 Gross receipts from related activities	s, etc (see instrugti	ons)			12	<u> </u>		
13 First five years. If the Form 990 is for			d, fourth, or fifth to	x year as a sectio	n 501(c)(3)			
organization, check this box and sto	op here				•			
Section C. Computation of Pub	ilic Support Pe	rcentage	<u> </u>	· ·				
14 Public support percentage for 2018		•	olumn (f))	, \	14	%		
15 Public support percentage from 201				\	15	%		
16a 33 1/3% support test - 2018. If the				14 is 33 1/3% or n	nore, check this bo	x and		
stop here. The organization qualifier				\				
b 33 1/3% support test - 2017. If the	- 1	,		line 15 is 33 11/3%	or more, check th	is box		
and stop here. The organization qua				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.	▶		
17a 10% -facts-and-circumstances te								
and if the organization meets the "fa					nt Vi now the organ	ization		
meets the "facts-and-circumstances					47	100/		
b 10% -facts-and-circumstances te	st - 2017. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	1/a, and line 15 is	10% or		
more, and if the organization meets	the facts-and-circu	ımstances" test, cl	neck this box and	stop nere. Explain	in Part Vi now the	,		
organization meets the "facts-and-ci						▗▕▐		
18 Private foundation. If the organizate	on gid not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, check this box a	edule A (Form 990	or 990-E71 2019		
•	1		•	Sche	Guie A (FOITH 990)	UI 990-EZJ ZU 10		
•	1		•	•	,	\ :		
	<i>[</i> ·			•	,			
832022 10-11-18	I		· •	-	-	· \		
832022 10-11-18	ı		•			•		

Pa	art III Support Schedule for (Organizations	Described in	Section 509(a)(2)	/ 20 044	OO/4 Page 3
<u></u>	(Complete only if you checked	•		•		Part II If the organi	zation fails to
	qualify under the tests listed by			g			
Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,			/		
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 /	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			/		
	membership fees received (Do not	\			/		
	include any "unusual grants ")						
2	Gross receipts from admissions,				/		
	merchandise sold or services per- formed, or facilities furnished in	\			/		
	any activity that is related to the	\			/		
	organization's tax-exempt purpose				/		
3	Gross receipts from activities that	1			/		
	are not an unrelated trade or bus-	\		/	1		
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-	l \		/			
	ization's benefit and either paid to	l \					
	or expended on its behalf		<u> </u>				
5	The value of services or facilities		\	/			
	furnished by a governmental unit to		\	/			
	the organization without charge			/		-	
	Total. Add lines 1 through 5		<u> </u>	/	ļ		<u>-</u>
7a	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons			/			
E.	Amounts included on lines 2 and 3 received from other than disqualified persons that		\	/			
	exceed the greater of \$5,000 or 1% of the		l \ <i>/</i>				
_	amount on line 13 for the year	ļ- · · · · · · · · · · · · · · · · · · ·	X				
	Add lines 7a and 7b			J22 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	COURTENANTO, SE		
	Public support. (Subtractine 7c from line 6.)	4x7 . 7 . 4 3 . 44 2 6485 S. A.	45 min 10, 11, 43, 52, 5	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (4 - 00 m m m m m m m m m m m m m m m m m	Pulsaturate Sall Co. No. 1999	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 20/15	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4,2014	(5),19.5	10,23.3	(-/	(-)	
	Gross income from interest,						
	dividends, payments received on		/	\			
	securities loans, rents, royalties, and income from similar sources	1	/	\			
b	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses		/	\			
	acquired after June 30, 1975		/				
c	: Add lines 10a and 10b	/		,			
11	Net income from unrelated business	7					
	activities not included in line 10b,						
		/					
	whether or not the business is regularly carried on						
12	whether or not the business is regularly carried on Other income Do not include gain						
12	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital						
13	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						
13	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organız	ation,
13 14	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here			d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organız	ation, ▶□
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13 14 Sec 15 16 Sec	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add Ines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here extion C. Computation of Public support percentage for 2018 (Public support percentage from 2017 extion D. Computation of Investigation D. Computation of Investigation	ic Support Pe line 8, column (f), c ' Schedule A, Part stment Incom	rcentage livided by line 13, III, line 15 e Percentage	column (f))	ax year as a sectio	15 16	% %
13 14 Sec 15 16 Sec 17	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add Imas 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2018 (Public support percentage from 2017 ction D. Computation of Investment income percentage for 20	ic Support Pe line 8, column (f), c Schedule A, Part stment Incom vi8 (line 10c, colur	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li	column (f))	ax year as a section	15 16	% %
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add Imas 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2018 (Public support percentage from 2017 ction D. Computation of Investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2017 investment income percentage from 2018 investment investment income percentage from 2018 investment investm	ic Support Pe line 8, column (f), c Schedule A, Part stment Incom vi8 (line 10c, colur 2017 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% %
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2018 (Public support percentage from 2017 ction D. Computation of Investment income percentage from 2018 (Investment income percentage from 2018) 133 1/3% support tests - 2018. If the	ic Support Pe line 8, column (f), co 7 Schedule A, Part stment Incom 78 (line 10c, colur 2017 Schedule A, organization did n	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box of	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 3 1/3%, and line 1	% %
13 14 Sec 15 16 Sec 17 18 19a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add times 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2018 (Public support percentage from 2017) Ction D. Computation of Investment income percentage from 133 1/3% support tests - 2018. If the more than 33 1/3%, check this box as	ic Support Pe line 8, column (f), co Schedule A, Part stment Incom 18 (line 10c, colur 2017 Schedule A, organization did n nd stop here. The	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization qualif	column (f)) ne 13, column (f)) on line 14, and line ties as a publicly s	e 15 is more than 3 supported organiza	15 16 17 18 3 1/3%, and line 1	% % % 7 is not
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13 14 Sec 15 16 Sec 17 18 19a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add times 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2018 (Public support percentage from 2017) Ction D. Computation of Investment income percentage from 133 1/3% support tests - 2018. If the more than 33 1/3%, check this box as	ic Support Pe line 8, column (f), or Schedule A, Part stment Incom 18 (line 10c, colur 2017 Schedule A, organization did not stop here. The organization did noteck this box and st	rcentage divided by line 13, III, line 15 e Percentage on (f), divided by line Part III, line 17 oot check the box of organization qualition check a box on op here. The organization	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	17 18 33 1/3%, and line 1 tition ore than 33 1/3%, orted organization	% % % 7 is not

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **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
- 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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.
- 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 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)

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۲a	Supporting Organizations (continued)	<del></del> 1		
		Str Character	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	32.02	ma:	
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
		36 65.	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	(30.00)	183	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		N.	I GRA
	controlled the organization's activities. If the organization had more than one supported organization,	134.5		433
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	V30-72		jp
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 28683	New York	2 07 x 200
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		M	WS!
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	M Cara	ia a	\$-\$560x
	supervised, or controlled the supporting organization	2		Ь
Sec	tion C. Type II Supporting Organizations		¥	
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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	1.77	X	ELECTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE
<u></u>	the supported organization(s)	1 1		L
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the executation arounds to each of the automated executations, but the last day of the fifth month of the	(\$1.50km)	123	140
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?	1	ASSESS:	and Military and
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	48 RX 2	70(*)	319N
2	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		apanta wa
3	By reason of the relationship described in (2), did the organization's supported organizations have a	38.200	kW.	5/59#
3	significant voice in the organization's investment policies and in directing the use of the organization's		w	
	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	w. 83 m/s	1910 BB 3 43
Sec	tion 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 yeatsee instructions	š).		
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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		M.	
	that these activities constituted substantially all of its activities	2a	S. C.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		35	
	reasons for the organization's position that its supported organization(s) would have engaged in these		e i	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			379
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	39.3		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

Sch	edule A (Form 990 or 990-EZ) 2018 Thomas Health System I	nc _	2	6-0440674 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI ) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete	Sections A 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	<u> </u>	
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	jardi.		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	533		
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	-		
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5_		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		<u></u>
7	Check here if the current year is the organization's first as a non-functional	ally integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014b Excess from 2015c Excess from 2016

d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 Thomas Health System Inc	26-0440674	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	17b, Part III, line 12, and 2, Part IV, Section , Section B, line 1e, Par	C.
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# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public 1 Inspection

Name of the organization

Employer identification number 26-0440674 Thomas Health System Inc

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	1 1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	<del></del>	
5	Does the organization have a written policy regarding the per	** · · ·	
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of automatic manufacture in a continue  dian of welstens and enforcing concerns	stron annomanta during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ning or violations, and emorcing conserva	tion easements during the year
8	Does each consequence occupant reported on line 2/d\ about	re entirely the requirements of contion 170	(h)(4)(R)(i)
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9		an accompate in its revenue and evapone	
3	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.		
	conservation easements	tion's imancial statements that describes	the organization's accounting to
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items		σ
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>s</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	Il gain, provide
-	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

		Health Sys						044067	
Pa	rtell Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures,	or Oth	er Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at are a s	ignificant use o	f its collection	n items
	(check all that apply)			•					
а	Public exhibition	c	յ 🖳 և	oan or exc	hange progr	ams			
b	Scholarly research	•	• 📖 o	ther				<del></del>	
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how the	ey further t	he organizati	ion's exe	mpt purpose in	Part XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	ner sımıla	r assets		
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	ization's co	ollection?			Yes	No_
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the d	organizatio	n answered	"Yes" or	Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21		<u>.</u>					
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	ns or other as	ssets not	ncluded		
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble					
							ļ	Amount	<u> </u>
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		<u>,                                     </u>
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or ci	ustodial acco	ount liabi	lity?	└── Yes	Щ No
	If "Yes," explain the arrangement in Part XIII								
Pa	rt V Endowment Funds. Complete	f the organization ar	nswered "	Yes" on Fo	orm 990, Par	t IV, line	10		
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two yea	rs back	(d) Three years t	ack (e) Four	years back_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	ind administe	ered for t	he organization	-	
	by								Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•						3b	
4	Describe in Part XIII the intended uses of the		owment_fu	ınds					
Кa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o			or other		ccumulated	(d) Bool	value
		basis (investi	nent)	Dasis	(other)		preciation		<del></del>
1a	Land					185.45 6			
b	Buildings								
С	Leasehold improvements			7.	2 210		14 110	A A C	200
d	Equipment				2,319.		14,119.		3,200.
<u>е</u>	Other	avol Form 000, Port			9,548.	L			7.748.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Thomas Heal Part VIII Investments - Other Securities.	th System I		6-0440674 Page
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11h See Form 990 Part X line 12	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial derivatives	(-,		
(2) Closely-held equity interests			
(3) Other			
(A)	4		
(B)	,		•
(C)			
(D) '	,		
(E)	<u> </u>		****
(F)	<del>                                     </del>		
(G) ±			<del> </del>
(H) ·			······································
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			1979 (7 NB 19 Fo, 27 138 FAV
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c See Form 990. Part X. line 13	•
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)	•	,	
(2)			
(3)			
(4)	7	7	
(5)			
(6)	1+	-	<del>-</del> -
(7)			
(8)	,		
(9)	_		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	_	· C.P. (400, 100, 100, 100, 100, 100, 100, 100,	
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d See Form 990, Part X, line 15	•
	Description		, (b) Book value
(1) Due from related party			114,124,576
(2) Malpractice receivable			774,000
(3)			
(5)			
(6)			,
(7)		<del></del>	
(8)	, 4		
(9)	•		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		114,898,576
Part X Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See Form 990, Part X, line	25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	·		
(2) Malpractice liability		13,935,000.	
~ '. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		010 066 " " " " " " " " " " " " " " " " "	CANDACTAL MARKET COLL TO APPEAR APPLICATION CANDACTAN

(3) Capital lease obligations (4) Accrued interest payable (5) (6)

(7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

18,674,096. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Thomas Health System Inc		26-0440674 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	i i	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	Annual Maria Franci	5
Part XII Reconciliation of Expenses per Audited Financial Sta		nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	: 12a	<del></del>
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	<u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5
Rart-XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, I	Part V, line 4, Part X, line 2, Part XI,
nes 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an	y additional information	
Part X, Line 2:		
fanagement has evaluated the System's tax	positions and	d concluded that the
System had maintained its tax exempt statu	is and had tal	cen no uncertain tax
		<u> </u>
positions that require recognition or disc	closure in the	e financial
		1 1
statements. Therefore, no provision or lia	ability for 11	ncome taxes has been
ncluded in the consolidated financial sta	tements.	

SCHEDULE ! (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047

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

Employer identification number Open to Public Inspection

**%** ⊠ Temorial Hospital and St. of the Kanawha Coalition orporate sponsorship of o support the Spirit of 26-0440674 hat benefit the Thomas to support the programs rograms and services (h) Purpose of grant Wellness in Medicine or Community Health onference program or assistance rancis Hospital ∐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any mprovement rogram Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ö Ö °. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 000 000 (d) Amount of 31,500 42,315 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 'n, 'n, (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line i table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Thomas Health System Inc 501(c)3 501(c)3 501(c)3 501(c)3 55-0753754 55-0694220 31-1053219 74-3226821 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? CAMC Health Edcuation and Research Family Medicine Foundation of West 1 (a) Name and address of organization Programs, Inc. - 4013 Buckhannon The Foundation for Thomas Health Institute, Inc. - PO Box 1547 -WV Medical Professionals Health Pike - Mount Clare, WV 26408 Virginia - 650 main Street South Charleston, WV 25309 or government Barboursville, WV 25504 4605 MacCorkle Ave SW Charleston, WV 25326 Part Part II N

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 26-0440674 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule | (Form 990) (2018) Thomas Health System Inc [Part III] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant Thomas Health System Inc (b) Number of recipients (a) Type of grant or assistance 832102 11-02-18 Part IV

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Thomas Health System Inc

**Employer identification number** 26-0440674

Pa	arts   Questions Regarding Compensation			
<u> </u>			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	X		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			4.54
	First-class or charter travel Housing allowance or residence for personal use		AN	
	Travel for companions Payments for business use of personal residence			338
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	13.00		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			U.S
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		, Lang	SIL
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		33.50. 000.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		\$12E	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		8 6 20
		100		KAS
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1.33
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			148
	establish compensation of the CEO/Executive Director, but explain in Part III			16.73
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
		200		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	1948.	lii	T£2
а	Receive a severance payment or change-of-control payment?	4a	لـــــا	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u></u> '	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
			1000	173
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	\$100 W.K	1000	
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		July 1	
а	The organization?	6a		X
þ	Any related organization?	6b	36, 4, 35	A
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		.312	Carachination
	not described on lines 5 and 6? If "Yes," describe in Part III	7	2018/110	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	8389	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	22	Má	
	Regulations section 53 4958-6(c)?	9		

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Nome and Tela		1	(ii) Bonus &	(iii) Other	other deferred compensation	benefits	(B)(i)·(D)	in column (B) reported as deferred
יאן יאמווס מוט וואס		compensation	incentive compensation	reportable				on prior Form 990
(1) Daniel J. Lauffer	Ξ	0	0	0	0	0	0	0
President & CEO	[ii)	451,616.	117,394.		12,102.	44,376.	625,48	0
(2) Timothy Skeldon	] (j)							0.
Senior Vice President of Finance	Ţ(II)	310,763.	7,693.		9,635.	50,806.	378,	
(3) Brian Ulery	] (i)						• 0	
Senior Vice President/COO	] (ii)	311,131.	104,546.		12,189.	33,439.	461,305.	
(4) Matthew Upton	(1)		0	• 0				0.
CMO/Informatics Officer	] (II)	309,530	41,255.	• 0	13,750	48,905.	413,440.	0.
(5) Rebecca Brannon								0.
Sr VP Nursing/CNO (retired 12/31/18) (ii)	Œ	225,771.	45,144.	1,557.	12,075.	23,064.	307,611.	0.
	] (i)							
	(ii)							
	] (e)							
	(ii)							
	(0)							
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	Ξ							
	(ii)							
	Ξ							
	Ξ							
	ε							
	(ii)							

Schedule J (Form 990) 2018

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

Part III Supplemental Information

Schedule J (Form 990) 2018

# <u>ښ</u> Line Part I,

The Executive Compensation Committee, comprised of members who are free of interest, adheres to a disciplined process for reviewing and senior executives to ensure that the compensation is The Committee has retained an independent consulting compensation for any conflicts of reasonable.

advisory firm, Gallagher & Company, to provide appropriate market data as The Committee reviews comparability data and other to comparability.

relevant evidence and approves the compensation of senior executives;

of the Board, after review that in the case of the CEO, provided, however,

recommendation from the Committee, has the final approval with regard to

the comparability data and other relevant evidence, including

Only those Board members who are free of conflicts the CEO's compensation.

All compensation decisions, interest vote on the CEO's compensation.

including the comparability data reviewed and any other relevant

information considered, are contemporaneously documented in meeting

minutes

Department of the Treasury Internal Revenue Service SCHEDULEK Form 990)

Supplemental Information on Tax-Exempt Bonds

2018 Open to Public OMB No 1545-0047

Yes No (i) Pooled Employer identification number financing × Inspection S ŝ (g) Defeased (h) On behalf 26-0440674 ŝ × of ISSUER Yes Yes ŝ × Yes ŝ equipment pur Loan refinancing (f) Description of purpose O Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
 Common Poor Book of the Warner of the Information. ž and 8 Yes 148,920 Continuations (e) Issue price 2,358,684. A 11,010,000 11,466,213 77,448,078 45,000,000 146,807,927 × ŝ 2010(d) Date issued 06/30/08 Yes × × See Part VI for Column (f) 62-1256910956622XRO (c) CUSIP# Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if System Inc (b) Issuer EIN ► Attach to Form 990. Health issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds West Virginia Hospita Thomas Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Authority Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion final allocation of proceeds? (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds A Finance Part Part II

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

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Schedule K (Form 990) 2018

Schedule K (Form 990) 2018 Thomas Health System Inc			26-(	26-0440674				Page 2
Far in A Private business Use							֓֞֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡	!
1 Was the organization a partner in a partnership, or a member of an LLC.	Yes	2	Yes	S.	Yes	No	Yes	S S
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of	>							
	4							
3a Are there any management or service contracts that may result in private hand financed property.	×				·			
	4							
b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	>							
- 1	4							
c Are there any research agreements that may result in private business use of		>						
bond-financed property?		4		Î				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside							·	
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		3.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government				%		%		%
6 Total of lines 4 and 5		3.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141·12 and 1 145·2?								
9 Has the organization established wirtten procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27		×						
Pärt∬V/ Arbitrage								
		A	8	~	٥		Ω	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?	×							
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						
832122 11-01-18						Sch	Schedule K (Form 990) 2018	m 990) 2018
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Schedule K (Form 990) 2018 Thomas Health System Inc			26-0	26-0440674				Page 3
4a Has the organization or the governmental issuer entered into a qualified	Yes	S S	Yes	S S	Yes	2	Yes	°N O
regge with respect to the bond issue?  Name of provider		4						
c Term of hedge								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	Trinity Plus Funding	is Funding						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	×							
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of		×						
Rart VIII Procedures To Undertake Corrective Action								
	<b>۷</b>		8	_		o		٥
Has the organization established written procedures to ensure that wolations of	Yes	No	Yes	No	Yes	Š	Yes	No
closing agreement program if self-remediation isn't available under applicable		;						
regulations?		×						
ntal Information.	s on Schedule	K See instr	rctions		!			
ledule K, Part I, Bond Issues:								
Issuer Name: West Virginia Hospital Finance	~ 1	.						
(I) Description of Purpose: Loan retinancing and	equipment		purchases	70				
				1				
				į				
							1	
832123 11-01-18						S	hedule K (ro	Schedule K (Form 990) 2018

# 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.

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

OMB No 1545-0047 **2018** Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Thomas Health System Inc Employer identification number 26-0440674

Form 990, Part I, Line 1, Description of Organization Mission:
the sole member and parent company of the Herbert J. Thomas Memorial
Hospital Association, Charleston Hospital, Inc. dba St. Francis
Hospital, and THS Physician Partners, Inc.
Form 990, Part VI, Section B, line 11b:
The System's finance committee is responsible for financial management of
the organization. The 990 is reviewed by the organization's CFO as part of
the finance committee. The 990 is then discussed with the System's finance
committee and a copy is provided to all board members before it is filed
with the IRS.
Form 990, Part V, Line 2a:
Thomas Health System, Inc. is the common paymaster for Herbert J.
Thomas Memorial Hospital, Inc. dba Thomas Memorial Hospital, Charleston
Hospital, Inc. dba St. Francis Hospital and THS Physician Partners,
Inc. The employee compensation and benefit expenses are reported on
the financial statements for each entity. The total number of W-2s
filed by Thomas Health System for all entities is reported on Part V,
Line 2a.
Form 990, Part VI, Section B, Line 12c:
The organization regularly and consistently monitors and enforces
compliance with our written conflict of interest policy by asking annually
that all Trustees, officers and employees (managers) who have decision
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Thomas Health System Inc

Employer identification number 26-0440674

making/purchasing authority disclose any potential conflicts of interest.

Disclosure forms are signed annually then logged onto a spread sheet that identifies any potential conflicts.

Form 990, Part VI, Section B, Line 15:

The Executive Compensation Committee, comprised of members who are free of any conflicts of interest, adheres to a disciplined process for reviewing compensation for senior executives to ensure that the compensation is reasonable. The Committee has retained an independent consulting and advisory firm, Gallaher & Company, to provide appropriate market data as to comparability. The Committee reviews comparability data and other relevant evidence and approves the compensation of senior executives; provided, however, that in the case of the CEO, the Board, after review of the comparability data and other relevant evidence, including a recommendation from the Committee, has the final approval with regard to the CEO's compensation. Only those Board members who are free of conflicts of interest vote on the CEO's compensation. All compensation decisions, including the comparability data reviewed and any other relevant information considered, are contemporaneously documented in meeting minutes.

Form 990, Part VI, Section C, Line 19:

The System makes its governing documents, conflict of interest policy and financial statements available to the public upon request. These documents are maintained in the administrative offices of the hospital and are provided via copy upon request. The documents also can be reviewed on site at the hospital upon advance notice.

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization  Thomas Health System Inc	Page 2 Employer identification number 26-0440674
Form 990, Part IX, Line 11g, Other Fees:	
Other services:	
Program service expenses	2,626,030.
Management and general expenses	11,754.
Fundraising expenses	0.
Total expenses	2,637,784.
Total Other Fees on Form 990, Part IX, line 11g, Col A	2,637,784.
Form 990, Part XI, line 9, Changes in Net Assets:	
Equity transfer	1,843,400.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

Open to Public Inspection 2018

OMB No 1545-0047

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

▶ Attach to Form 990.

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

Thomas Health System Inc

Employer identification number 26-0440674

Direct controlling entrty End-of-year assets <u>e</u> Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) Ŷ controlled entity? Yes × × × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling homas Health Thomas Health Thomas Health ystem System ystem status (if section Public charity 501(c)(3)) Line 3 Line 3 Line 3 Exempt Code section 501(c)(3) 501(c)(3) 501(c)(3) Ð Legal domicile (state or foreign country) West Virginia lest Virginia West Virginia Primary activity Medical services lospital **lospital** - 45-4395947 Association - 55-0404900, 4605 MacCorkle Avenue SW, South Charleston, WV 25309 Saint Francis Hospital - 61-1272692 Thomas Memorial Hospital Name, address, and EIN of related organization THS Physician Partners, Inc. South Charleston, WV 25309 4605 MacCorkle Avenue SW 25301 Charleston, WV 333 Laidley St. Herbert J. Part II

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

Schedule R (Form 990) 2018

26-0440674

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Thomas Health System Inc Schedule R (Form 990) 2018

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

(a)	(q)	(၁)	(p)	(e)	(J)	(B)	(L)	(Ξ)	9	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproporbonate allocations?	Code V.UBI amount in box	General o managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		933513	Yes No	K·1 (Form 1065)	Yes No	
							-			
									·	
	•									
									_	
	•			•						
Partiv Identification of Related Organizations Taxable as a Corporation or trust during the tax y	ganizations Taxable a	is a Corpoid the tax	oration or Trust. Co	oration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related year	on answered "Yes	" on Form 990, P	art IV, line 34	, because it had o	пе ог п	ore related

www	יחוווא חוב ומע אבמו								
(a)	(q)	(2)	(p)	(e)	€	(6)	Ξ	Ξ,	]
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	of ear	Percentage ownership	512(b)(13) controlled entity?	26.39 ~
		country)		henn io		dosels		Yes	ę
TMH Services, Inc 55-0676607	Equipment sales,		Herbert J.					-	
437 Division Street, Ste 311	rental and related		Thomas		•				
South Charleston, WV 25309	services, vending	WV	Memorial	c corp					×
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See Part VII for Continuations

Schedule R (Form 990) 2018

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Page 3

# Thomas Health System Inc Schedule R (Form 990) 2018

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
    - Gift, grant, or capital contribution from related organization(s)
    - - d Loans or loan guarantees to or for related organization(s)
        - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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2 If the answer to any of the above is "Yes," see the instructions for information on wi	no must complete th	is line, including covered i	information on who must complete this line, including covered relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
	S	61,116,331.	61,116,331.Accounting records
charleston hospital aba St. Francis (2) Hospital	ß	18,442,923.	18,442,923. Accounting records
(3) THS Physician Partners, Inc.	တ	18,387,822.	18,387,822. Accounting records
(4) TMH Services, Inc.	တ	300,000.	300,000.Accounting records
(5)			
(9)			

Schedule R (Form 990) 2018 Thomas Health System Inc

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

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

(a) (b) (c) (d)	(q)	(c)		(e)	9	(b)	Ξ	(1)	s	(£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate	amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	Income		Yes No	Form 1065)	Yes No	
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Schedule R (Form 990) 2018 Thomas Health System Inc	26-04406/4 Page 5
Part VIII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
Part IV, Identification of Related Organizations Taxable as	Corp or Trust:
Tare 1.7 Identification of Northboard Organizations Identification	<u> </u>
Name of Balakad Ourselastian	
Name of Related Organization:	
TMH Services, Inc.	
Primary Activity: Equipment sales, rental and related servi	ces, vending
sales	
Direct Controlling Entity: Herbert J. Thomas Memorial Hospi	tal
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